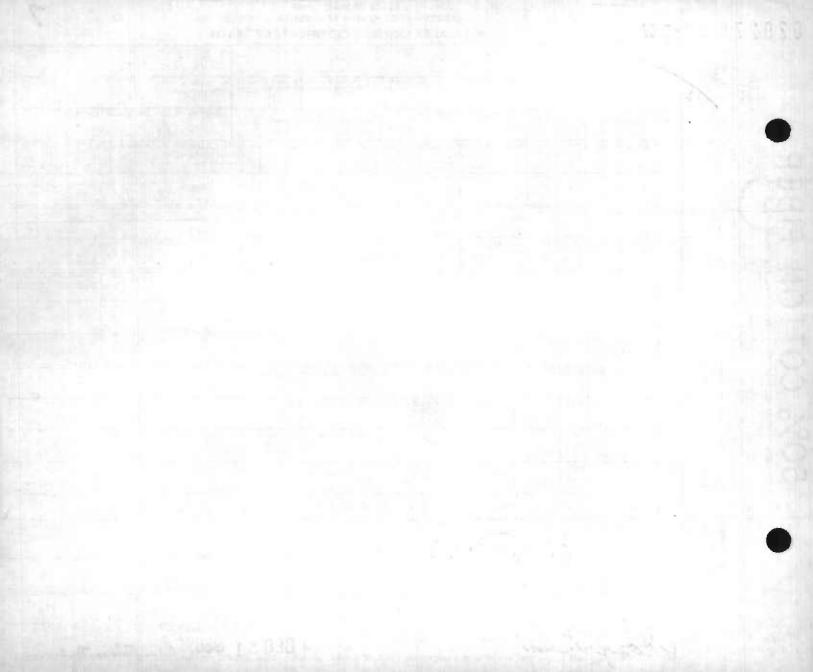
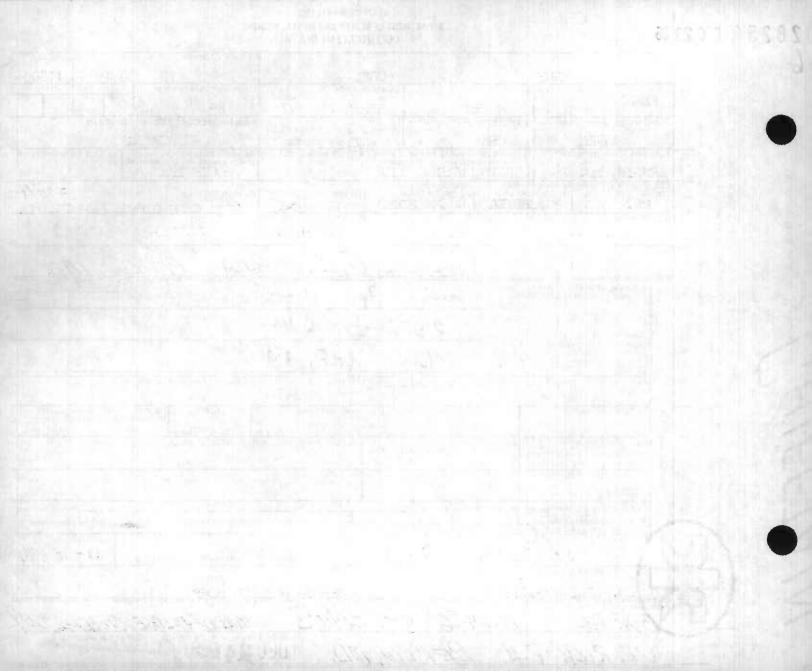
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U 2 9 2 / 6 J	CT HA	STATE REGISTRAR	ME	DICAL EXAMINER'S	CERTIFICATE OF D	DEATH REG. NO.	
		CEASED NAME PE OR PRINT)	FIRST	WIDDLE	LAST	20 DATE KNOWN X MON	TH DAY YEAR 25 HOUR
資金は松井	1		IMOTHY	SCOTT	BRADFORD	DEATH MATED 12	2 24 19 86 M
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の五名田里	10. C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH F	SPITAL, NURSING HOME, OR OT ACILITY, GIVE STREET ADDRESS)		USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)	RK 176 KIND OF BUSINESS OR INDUSTRY
AN POR		LISBURY		north & Line Ho	otel Rd. T	RUCK DRIVER	ANIMAL HEALTH
5 50198	USU. 130 S	TATE TIST	COUNTY	GIVE RESIDENCE BEFORE ADMISSION)	13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	
A MARCHI	10		SUSSEX	FRANKFORD	YES NO X	RD# 3, BOX 174 F	99799
D TIEST	ILF.	ATHER'S NAME			15. MOTHER'S MAIDEN N	AME	
170	23	VIRGIL	F.	BRADFORD	YVONNE	HUDSON	BRADFORD
0 00000	16a. \	WAS DECEASED EVER IN L	J.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDŖESS	
ALTA MATERIAL MATERIA	3	NO (IF)	(ES, GIVE WAR OR DATES)	221–58–7385	VIRGIL F. BF	RADFORD, Rt. 380	,FRANKFORD,DE.
T SER		18 CAUSE OF DEATH (E	inter only one cause per lin	e far (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A ENA		PART L DEATH WAS	MEDIATE CAUSE (0)	Multiple injur	ies		
5 44 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	17	8/20		R AS A CONSEQUENCE OF			
A FERRITA		Conditions, if any, gave rise to imm					A B 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
A MARKET O		couse (a) stating the		R AS A CONSEQUENCE OF			
S BANKAN		lying couse lost.					- 1100-1-12
A SPACE S	3	PART 2 DIHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1 1		
ECOR BNDIN WEDIC ASA ALTH CREM	Z	W. T. L. C. L. V.			The second secon		
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DI E, WRI EWARR PACK STATE 21201		AT WORK AT WORK	r	oad Rt.	. 113 north &	Line Hotel Rd.	,Worcester, MD
CATE TORY THES	9	22a I certify that I taa	k charge of the remains de	scribed above, held on Auto	psy X Inspection	nquiry , and in my	y Opinion
■ SE	27	death resulted from:	Natural causes .	Accident X, Suicide	, Hamicide , U	ndetermined manner	
\$89#5#	4	MATERIAL DISTRICT	-		TITLE (SPECIFY)		
MEDICAL EXAL CUTE THE CERT SE 4 SHOULD 1 FUNERAL DIFE TER DEATH WITH	172	ACTUAL SIGNATURE	M		M.D. Deputy Chi	OFFICAL EVANINED DA	TE 12-26-86
EDICAL TETHE 4 SHOIL DEATH MORE, A	7		1			NEDICAL EXAMINER SIC	SINED.
TO ME EXECUT PAGE TO FUR AFTER I	04	TYPE OR PRINT)	Ann M. Dixon	, M.D.	ADDRESS 111 Pe	nn St., Balto.,	MD 21201
524544	730 B	URIAL, CREMATION, REMO	OVAL 736 DATE	23c. NAME OF CEMETERY C		LOCATION	
07/84 BP	,	BURIAL	12/28/86	CAREY'S CEME	ETERY	FRANKFORD, SUSSE	X DELAWARE
25A4	24.5				1250 DATE DEC'S	D. BY REGISTRAR 256 REGISTRAR	
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8 2 5 8 DEC 29	86-	FOR STATE	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 6 6 3 6 0 3	O
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de de de		MARY		CORE		130p/
4 90	3. SE	EMALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	MONTHS DAYS HOU	IRS MIN.
0 01			WHITE	APRIL 29 97	89 YRS.	
4 52 47		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
1 11/5/	_	TY OR TOWN OF DEATH	USA	WIDOWED DIVORCED	WORCESTER	N
1190	BE	CRLIN, MD.	(IF NOT IN SUCH FACILITY, GIVE STREET, BERLIN NURSING F	HOME	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) HOUSEWIFE	SINESSO
1135	13a. S	MD. ISB. COU	OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE UNITY 134. CITY OR TOW CESTER OCEAN P	NES 13d. INSIDE CITY LIMITS?	926 OCEAN PINES BERLIN	181
1 4830	14. F/	SÄVERIO	BRINDISI	ANTOTNETTE	ME	
Add Add		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SOCIAL SECU IVE WAR OR DATES) 063-52-	1//11/1	LLA BERLIN, MI	2
low requires that the death service is been signed by the antecding primit. These please remove carbons prior to burind, crementies, or remove control or	CERTIFICATION	Canditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.		NCE OF CHF, ASH	INAL DISEASE OR CONDITION GIVEN IN PART 110. 200. AUTOPSY? 200. IF YES, WERE FINDINGS UNIX CERTIFYING CAUSES OF D	JSED DFATH?
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the he house to DIRE		22b. SIGNATURE	Hally m		MEDICAL STAFF DIRECTOR PHYSICIAN 12-70	- 81
TO HOSPITAL retoined by fl TO FUNERAL should be det with the State IMPORTANT:		DR. LILIAH G		220 ADDRESS BERLIN NURS	STNG HOME	
₩ £ £ # 3 ₹ 1 - 	23a. 8	URIAL, CREMATION, REMOVA		AME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	1	30R1AL	12-2-4-86	T. JOHUS	MODE VILLAGE, COUNTY	STATE
DHMH - 16 50M 4/82	24 F	JNERAL DIRECTOR	~ // 0	250 DAT	E REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE	200
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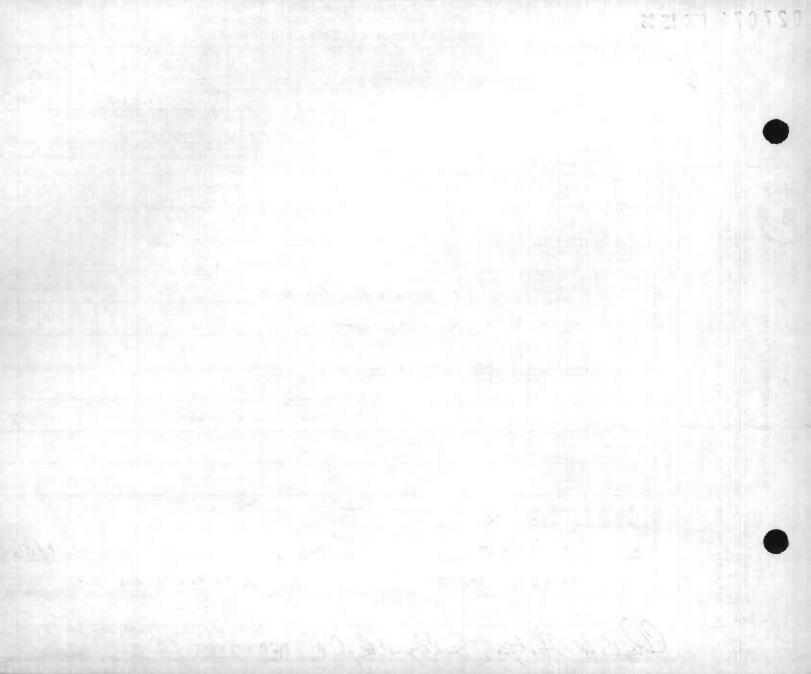


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BALTIMORE	ASSES !		No			215	-36=127	6	Oliv	ia Br	atten	, Addr		200	as	ahov	/8
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NO NO	S CE	3	WHILE AT WORK		STREET,	FACTORY, FARM,	ETC.)		REET			CITY OR TOWN		COL	YTAC		STATE
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	2000年8		22a I certify th	at I took charge		described ab	ave, held an	Autaps	у Ц.	Inspection	bx.	Inquiry X	, one	d in my op	noon		
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	2052×3		ACTUAL C	11	-	3.			TITLE (SI					DATE	10	17	06
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		(SPECIFY)				NAME OF CEM				23d. LOC CITY OR	TOWN		COUN		STATE	
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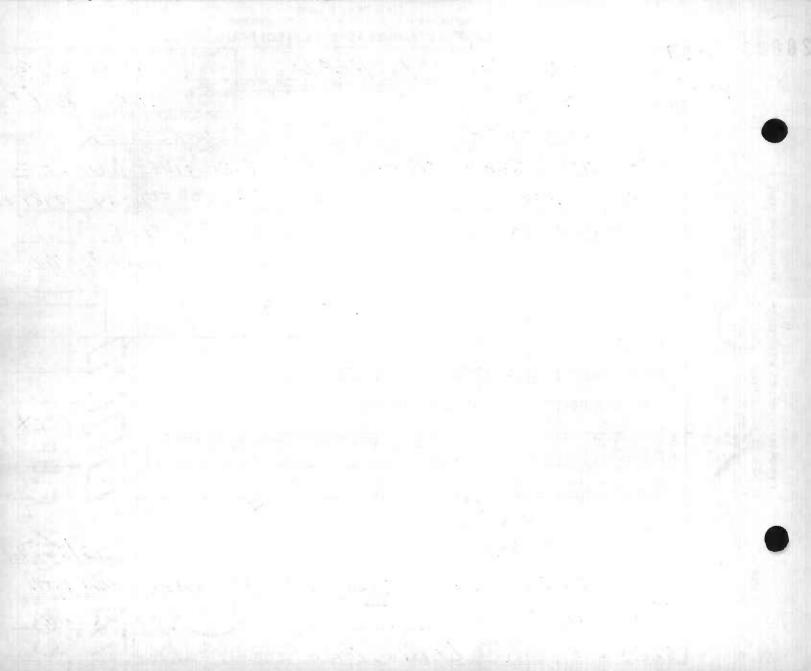
12 13 85 11A affin one often of years of the open depend melingary three oldown loss are del well wind his see

STATE OF MARYLAND 027074 DEC | 15 86. DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20 DATE KNOWN TYPE OR PRINTI 750 1086 R FILES. HOURS STREET, Alice Lockwood DEATH MATED 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER TYR IF UNDER 24 HRS DATE PRONOUNCED January 5 1901 Female White DEAD 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR MARRIED NEVER MARRIED FOREIGN COUNTRY USA WIDOWED [DIVORCED X Worcester Delaware CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Bishopville Attendant Health Care Jarvis Road SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) 1136 COUNTY 30 STATE 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Delaware Sussex Rt.2 Box 62 Frankford NO X FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE В. Lockwood Isaiah K. Evans Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 222-03-0799 No Delores Murray, Selbyville, Delaware CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: exchnouscular Accident IMMEDIATE CAUSE (o' DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DED TO HILL E 3 SHOULD BE U E DEPARTMENTO YES [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 21f LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK MEDICAL EXAMINER: 1

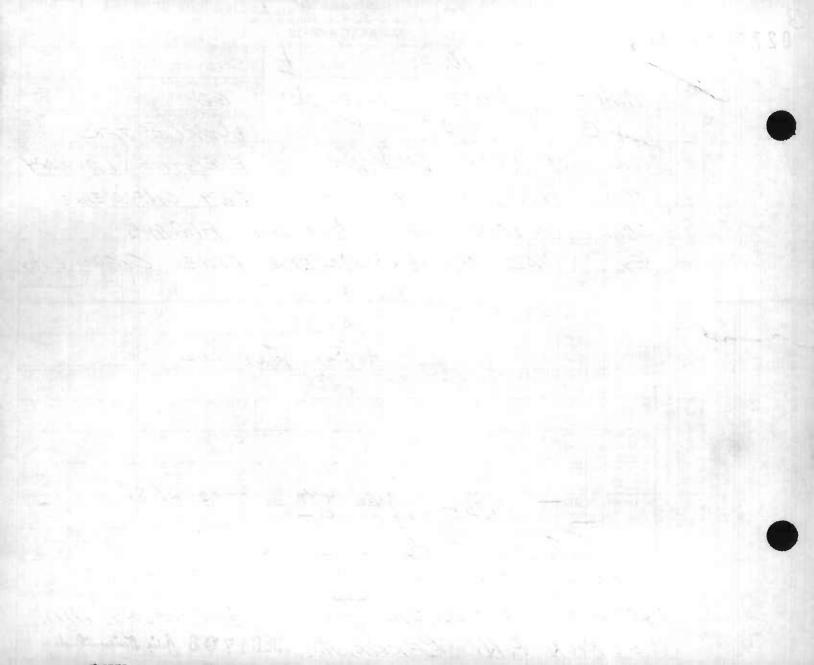
KECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST
BASTIMORE, MARYLAND. 220. I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Natural causes Suicide Homicide L Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME PETER S. ABBOTT P.O. BOX 32 BERLIN, MO 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION Burial 12-12-86 Delaware Roxana Cemetery Roxana Sussex 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR AT5 ME (5))



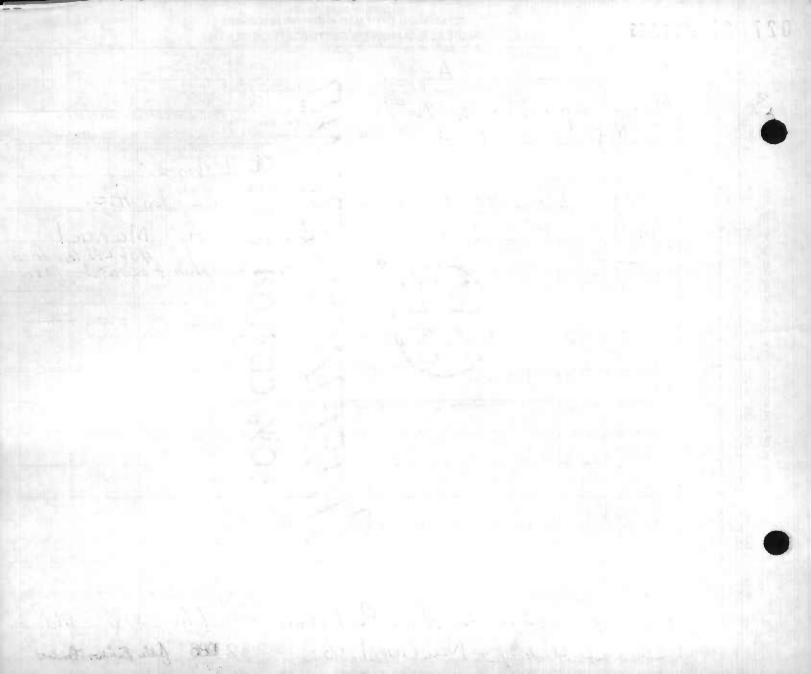
1	FOR	STATE OF MARYLAND	4
1	- STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENES MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG NO.	0001
2 10	REGISTRAR ECEASED NAME FIRST	Recition	
44	TOHO	OF ESTI-	ONTH DAY YEAR 2b. HC
13	EX. TURACE	S. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 21. DATE MO	2 - 2.5 19 8 2d. HO
1	NDIF WHITE	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	K 86 8
12	BIRTHPLACE (STATE OR	7b. CITIZEN OF WHAT COUNTRY? IB 9 BAITIMORE CITY OR CO	DUNTY OF DEATH
Г	CHECH COUNTRY Y	WIDOWED DIVORCED WIDORCES	TEP
10.	CITY OF TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF W	ORK 126. KIND OF BUSINES
10	DOEAN GTY	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) REPROPERTY OF WORKING LIFE) EVERYTIVE	OR INDUSTRY
LISI	JAL RESIDENCE (IF IN NURSING HOME STATE 13b. CQU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) NY 13c. CITY OR TOWN 13d. INSIDE (ITY LIMITS? 13e. STREET ADDRESS	10/////
	mp u	OR O, CITY YES NO 1 8603 SEA	BAY 218:
2 "	FATHER'S NAME	MIDDLE FIRST MAIDEN NAME	LAST
4	GEORGE	C. LOHSEN JULIA FENELL	-1
/ 100	(YES, NO, OR UNKNOWN) (IF YES, GIV	RMED FORCES? 100. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS E WAR OR DATES) 258-07-0362 5. D. LONGEN OCEN	12 18 Man
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	PART I DEATH WAS CAUS		APPROXIMATE INTERV
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	Conditions, if ony, which		
	cause (a) stating the under		
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CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	I
25		The Condition for Which of Eration Was Fert Owned:	20. AUTOPSY?
7 8	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1	OR PART 2)
	UNDERLYING OR CONTRIBUTING CAUSE OF	HOUR A.M. MONTH DAY YEAR	
MEDICAL	214 INTURY OCCUPPED	21e. PLACE OF INJURY (ATHOME, 21f. LOCATION	
2	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN	COUNTY STA
	A STATE OF THE PARTY OF THE PAR	ge of the remains described above, held an Autapsy , Inspection , Inquiry , and in n	ny apinian
		prol causes , Accident , Suicide , Hamicide , Undetermined manner ,	y opinion
	Dr.	D MG 44 - LITLE (SPECIFY)	
	SIGNATURE CELL	M.D. Deputy MEDICAL EXAMINER SI	ATE 2/26/
)	EXAMINER'S NAME PET	FR S ARBOTT MD PRRADT BOOK	Mongo
771	(TYPE OR PRINT)	23b. DATE 23c NAME OF CEMESTERY OR CREMATORY 123d. LOCATION	7/1/2 5/8/1
120	PREMOTION)	12-27-82 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN 15-80-84	COUNTY STATE
24.	FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRA	R'S SIGNATURE
1	VLLRICH	F. JADDRESS BERLIN MO. DEC 30 1986 Julia D	cordson Pandace
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2				FOR	DED 4 DVA	STATE OF MARYLAND	3 6	3 5 0 5
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	ege 4			MALE	WHITE	MONTH 19- 20	66 YRS	
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-	1 24	1 -	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
201	136	19	0	CEAN CITY	8807 CHE	SAPEAKE	EXECUTIVE	
ARYLAND 21	n -	35	13a. S	AL RESIDENCE (IF NURSING HOME OF LIBERT AND	NOTHER INSTITUTION GIVE RESIDENCE BEFORE INTY 13c. CITY OR TOW		13e STREET ADDRESS	15/20/2012
3/	12 7	1	14. FA	THER'S NAME	101 101011	15 MOTHER'S MAIDEN NA	ME ACT	CZHI FAKE
MAR	12	10		JOHN U	1. LOUE STE	2. MILNE	o ADAM	5 LAST
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RECORDS	been mit. T	N N	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
97	has perr	1	IIFIC				YES NO	RTIFYING CAUSES OF DEATH?
T V	N. Thysical	48 sh	CER	210. ACCIDENT WAS UNDERLYING		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	
Q.		E .		OR CONTRIBUTING CAUSE OF DE	LAIN	Y YEAR		
DIVISION OF VIT	HY HIX	ō	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION		
NIS I	offer offer of sthe	rked	Z	AT WORK NOT WHILE AT WORK	LAT HOME STREET, FACTORY OFFICE FA	ARM ETC) STREET	CITY OR TOWN	COUNTY STATE
0	A Af	om s	and the	22a I certify that (1)(this house	mol) ottended the deceased from_	Before 198/ 19.		of they to lost
	ATTENI ospital eCTOR: d for us	21 :		sow the deceased alive of	n 19 19 19 19 19	ond that in (popular)	death occurred on the date and h	
	DR.	Hem	-	ZJk. SIGNATURE		DEGREE		22c. DATE SIGNED
	1 t 1 t e	#		Hant-	Allasto	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/1986
	HOSPITAL FUNERAL ould be det the State	TAN I		224 PHYSICIAN'S NAME (TYPE		22e ADDRESS		14.1 21001
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	76 543	≤ ₽	23a E	URIAL, CREMATION, REMOVA		AME OF CEMETERS OR CREMATORY	23d LOCATION	
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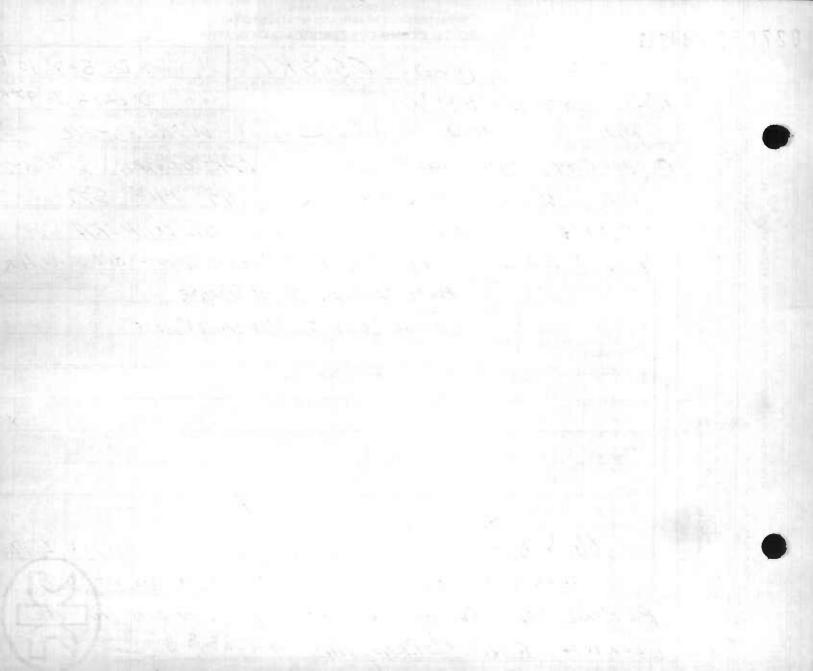
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			DE DEATH REG. NO.
		ECEASED NAME FIRST MIDDLE LAST (PE OR PRINT)	20. DATE KNOWN X MONTH DAY YEAR 26 HOUR
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PLEASE ECTOR. FILES. HOURS			
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Z5 10 . S		WIDOWED DIVORC	Worchester County, MD.
E E E	10 C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS
> 무용물성)	1	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	FOR MOST OF WORKING LIFE) OR INDUSTRY
NY DELAY IS NE NO 310 THE FUIL FUIL BEFLIED. YE COROS 20 W	1 3	Snow Hill Farm (chicken house) Scotty Rd.	Labored La
- 0 E Z Q &	USU.	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	- FULL OF STATE OF ST
SC ASS	13a. S	STATE A 136 COUNTY 134 OTY OR TOWN 1 138. INSIDE CITY LIMITS?	13. STREET ADDRESS
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FEEDER		MIDDLE LAST	AMIDDLE LAST
#/50-36		Willie B Lumpkin I Flai	e H Manuel
0 00000	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS
\$ 15.0000 A	0	YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	1 Inolinde the
S AFI		- 2/8349924 (atherin	a lugarti gog - 1119en AVC
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		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
¥2823		And a	
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WAW PAC		AT WORK AT WORK	
RAY ST. C.		V	
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₹ ₩ 6 ₩		deoth resulted from. Notural causes X. Accident, Suicide, Hamicide,	Undetermined monner .
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EXAM CERTION DINE		ACTUAL TITLE (SPECIFY)	
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TO MEDICAL I EXECUTE THE PAGE 4 SHOUT A FIER DEATH, A PALTIMORE, A	73a B		
	1 2	SPECIFY CREMATION, REMOVAL 235. DATE 236. NAME OF CEMETERY OR CREMATORY	234 LOGATION COUNTY STATE
07/84 BP	4	2111 of 12-20-86 Home Bent Com	thekles Was Mil
25M	24 F	UNERAL DIRECTOR 1250, DATE 6	REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE
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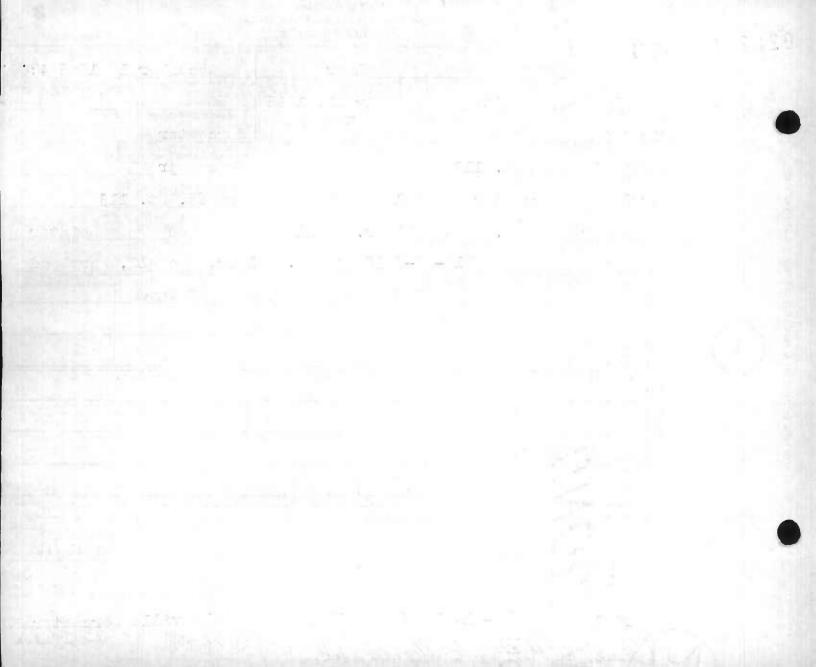
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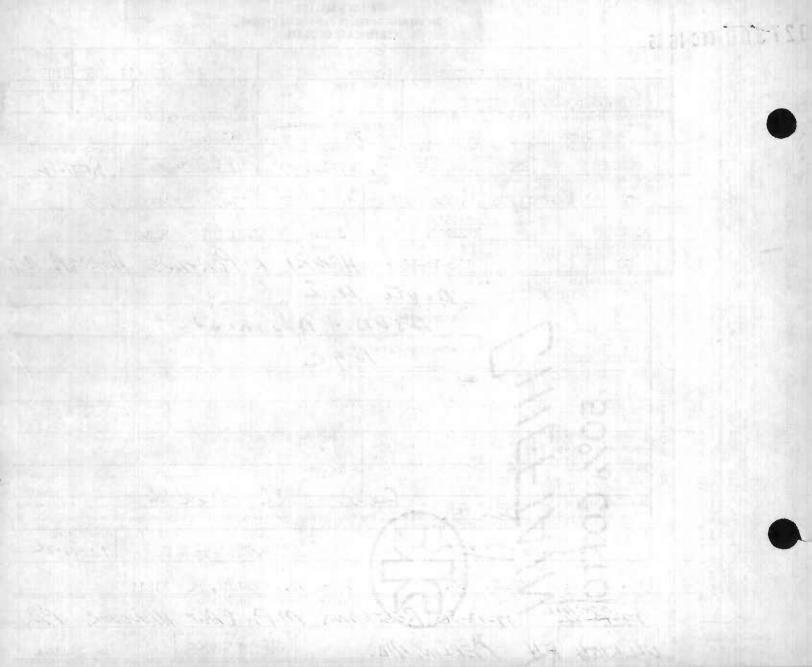
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	E, WRII RWARD PAGE STATE (), 21201	-	AT WORK AT WORK						
			22a. I certify that I took charge	of the remains described a	bave, held an Auto	apsy . Inspection	In X, Inquiry .	and in my apinio	an
	W DIT OIL			I causes . Accider		, Hamicide	Undetermined manner	—	
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	ALDOUGH.		SIGNATURE CELLE S	106011		M.D. Deputy	MEDICAL EXAMINER	DATE SIGNED	12/6/86
	NEW SET IN								
	O MEDICAL EXAMIN KECUIT THE CERTIFIC AGE 4 SHOULD BE FO FUNRAL DIRECT FIER DEATH, WITH TI ALTIMORE, MARYLAI		(TYPE OR PRINT) PETER	S. ABBOTT N	ID,	ADDRESS P.O. C	sox 32 Beri	UN, MD	. 21811
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE	23o.B	URIAL, CREMATION, REMOVAL 23	.00/	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION	COUNTY	STATE
	BP		BURIAL	12-10-86 1	N195H,	WHY low	SUITLA	NO , A	· MD.
	DHMH - 17	24 F	UNERAL DIRECTOR	/ DDRESS	2-0.	M 250. DATE	C12 S55 9	REGISTRARIS SIGI	NATURE
	(VR A15 ME (5))	1	MERICH	F. H. 12	TRAIN, 1	110 UE	C121955 9		
	20M 4/B2								



7 2 2 pro	100	FOR STATE REGISTRAR		DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL H RTIFICATE OF DEATH	YGIENES O	3 6	006
283 DEC	P DE	CASED NAME FIRST	MIDOL	E	LAST	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
0 to 1/	1_	Bett	y Ma	.e	Palmer	Decem	ber 19	1986 4400
1 /	3. SEX	(4 RACE		ATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRT	MONTHS	ER I YEAR IF UNDER 24 HRS DAYS HOURS MIN
/	F	emale	White	J.	uly 21, 1926		YRS	
Pouc 2	C	RTHPLACE ISTATE OR FOREIGN DUNTRY)	76. CITIZEN OF WHA	M	ARRIED NEVER MARRIED	9 BALTIMORE CITY O	•	ATH
8	1 1000	rginia TY OR TOWN OF DEATH	USA		OWED DIVORCED [Worceste		MD.
る		nowell		CHITY, GIVE STREET AGORES		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INE	DUSTRY
3	13a. S		INTY 13c.	RESIDENCE BEFORE AOMIS CITY OR TOWN TOWN	134 INSIDE CITY LIMITS	Box 65,	Rt. 113	321862
40	I4 FA	THER'S NAME FIRST HOWard	MIDDLE I. I	vndall	Sr. Lillie	MIDDLE		LAST Designation
0 1	16a. V	VAS DECEASED EVER IN U.S. A		SOCIAL SECURITY		Ma e		Pointer
medicol	0	ES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)	8-20-75	30 John R. H	Palmer Sho	well. N	Warvland
or to hural, cremation, or injury, or other troumon	NON		(b)		OF LBUT NOT RELATED TO THE TE			
1 1	CERTIFICATION	190. DATE OF OPERATION	1%. CONDITIO	N FOR WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WER IN CERTIFYING YES	E FINDINGS USED CAUSES OF DEATH?
di ling		2 10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M.	MONTH DAY	EAR 19	URRED (ENTER NATURE OF INJUR		
hed or	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF II	NJURY FACTORY, OFFICE, FARM, E	IC.) 211. LOCATION STREET	CITY OR TOV	N COL	UNTY STATE
Dept of Health	100	220.1 certify that (1) (this has saw the deceased alive a obove, (1) (we) (did) (did n 22b. SIGNATURE					22	ram the causes stated
MPORTANT. #		22d. PHYSICIAN'S NAME DIVE	mo Chasso, N	i. D.	ATTENDING PHYSICIAN 128 ADDRESS 148 E		1 . Sa	105 mg 200
3	- (3	urial, cremation, remova Buria.]	12-21-		OF CEMETERY OR CREMATOR	Y 23d LOCATION CITY OR TOWN Bishopv	COUNTY	
1/73	-	19 10 101/L	14	SAODRES!		DEC 2 4 198	256. REGISTRAR'S	rcester MT SIGNATURE Kondon Rondon



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121	30	UU	EC 10	81	REGISTRAR					ICATE OF	DEATH		REG					
		m £			CEASED NAME OR PRINT)	FIRST		MIDOLE		AST		2a. DAT	E OF DEATH	MONTH	DAY	YEAR	2b. HOU	R
	oy b	page 3 er death		0.65		MMA		ERINE		PINE				12	11	86	2:07	
1		of ter		3. SE		W	4. RACE		5. DATE (YEAR	6. AGE	(IN YEARS LAST	BIRTHOAY)	MONTH	OER I YEAR	IF UNDER	24 HRS
X	age	direct	11	7 0	FEMALE		WHIT		9	1	98	88		YRS				
	#	72 h	000		RTHPLACE (STATE OR FO			WHAT COUNTRY?		D NEVER	MARRIED -			OR COUN	TY OF E	DEATH		
P	deo	fune	0	10.0	NEW YOR			JSA HOSPITAL, NURSIN	WIDOW		NORCED		ESTER					MD.
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AND 21	n 24 hou	filled in	記	13a.		HP COUL	OTHER INSTITUTION ITY OMERY	13c. CITY OR TOWN	/N	13d. INSIDE C	NO [09 AP	s PLEWOO	מס ק	ANE	83	3
MARYL	ed within	mpletely and 2 sh	es l	34 F/	ATHER'S NAME FIRST AUGUST		_	AZZETTAL		15. MOTHER	S MAIDEN NA		MIDDLE	1 1 1 1 1		LAS	57	
ALTIMORE, MARYLAND 2120	e execut	n and co	7		NAS DECEASED EVER IT YES, NO OR UNKNOWN) NO		MED FORCES? E WAR OR DATES)	16b. SOCIAL SECU		17. INFORMA		LIF		ORESS INF.	//	MAR	sA.	NI
05, 201 W. PRESTON	tuires that the death	signed by the attendi hen please remove can to burnal, cremotian, o	jury, ar ather troumat	z	Conditions, if ony, gove rise to imme couse (a), stating underlying couse	the lost.	(b)	R AS A CONSEQUI	/	290	Adu,				BIVEN IN	V PART 110	o.	
AL RECORDS	he low rec	has been permit. T	ows only in	CERTIFICATION	19a DATE OF OPERATION	ON	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a A	UTOPSY?	IN CERT		RE FINDING CAUSES		H?
OF VITA	ICIAN: T	May the time	Rem 18 %		21g. ACCIDENT WAS UNDE OR CONTRIBUTING CA	USE OF DEA	***		AY YEAR	SIC HOW IN	NJURY OCCUR					OR PART 2		
DIVISION OF	NG PHYS	ter this c	rked or h	MEDICAL	21d. INJURY OCCURRE		21e. PLACE			211. LOCATION STREET	ON	•	CITY OR	TOWN	C	OUNTY	S	TATE
0	ATTENDIN ospitol or	CTOR: Af for use o of Health	21 is mo		22a.1 certify that (1) (1 saw the deceased above, (1) (we) (dia	alive on.	Der	10	- e	d that in (my)	19_0 (our) opinion	death acci	De c	dote and h	, 19 our and		that (I) (w	
	AL OR A	At DIREC detached are Dept.	T: # kem		22b. SIGNATURE	-	22	-	21	DEGREE	ATTENDING PHYSICIAN [MEDIC	AL ST	TAFF SICIAN [12 - 12-	SIGNED	4
	HOSPII		NORTAN		DR. FEDER			M.D.		3 BAY	ST.,	BERLI	N. MD	2181	1			37
	PP_ BP_	543	¥-	23a. E	URIAL, CREATION RI	MOYAL MOYAL	23b. DATE	2. /	NAME OF C	EMETERY OR			CATION OF TOWN	- 110	cou	INTY 49	B	PASSO
				24 FI	INERAL DIRECTOR	>	1/7-1.	3-86 K	0311	HND	11111	, C	N DECICIO	AR 25b REGI	200	EK,	11	7.
		16 50M 4. A 15, 4)	/82	6	14RICH	F./s	1. 1	ERLIN,	Ma.		DE		1986	A. sin.		dion. T		



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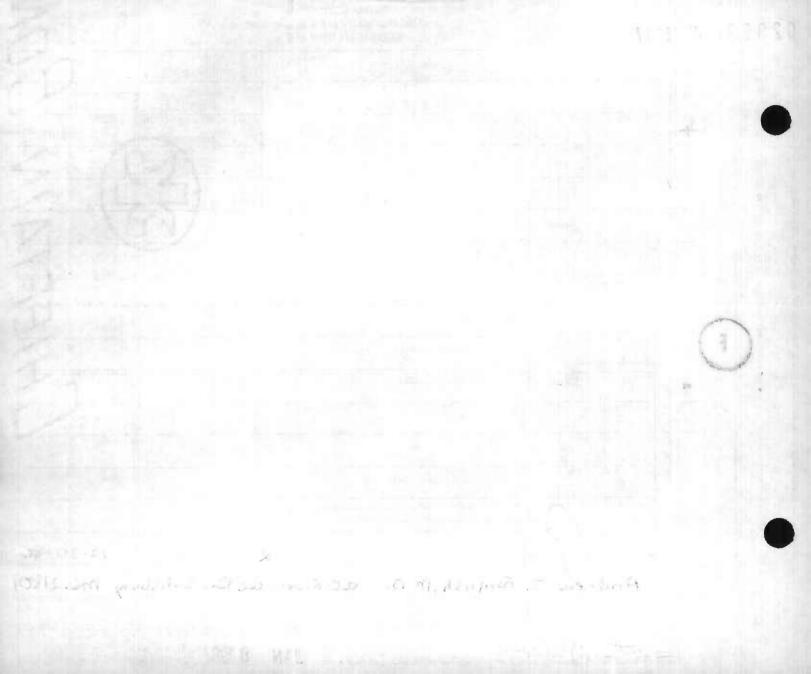
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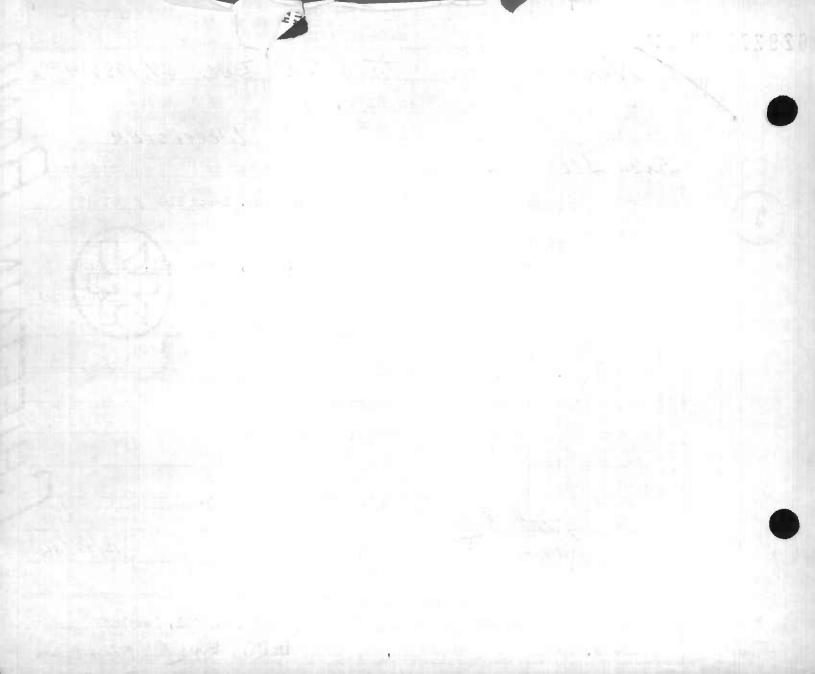
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

15	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST	٨	AIDDLE	L	AST	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
	Francis	Jose Jose	eph	Ros	se	December	19,	1986	٨
3. SE	X	4 RACE	E/JP hinds	5. DATE C		& AGE (IN YEARS LAST BIR	(YAGHT	MONTHS DAYS	IF UNDER 24 HRS
	male		white	Feb.		5:	2 YRS	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8	V	9 BALTIMORE CITY		Y OF DEATH	
	aryland	USA		WIDOWE	DEVER MARRIED L	Worces	ter		IM.
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	FACILITY, GIVE STREET	G HOME C	or OTHER INSTITUTION cs Drive	120 USUAL OCCUPAT	ION	IFEI INDUSTRY	F BUSINESS OR
JUSU.	AL RESIDENCE HE NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)					
	arvland Wor	cester	Pocomol		13d. INSIDE CITY LIMITS?	355 Winte			21851
	ATHER'S NAME FIRST	WIDOLE	LAST		15 MOTHER'S MAIDEN NAM	ME MIDGLE		LA!	S1
1	John	Α.	Rose		Teresa		X	Wil	son
- (WAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES. G	IVE WAR OR DATES)	166. SOCIAL SECU V.) 218-3(17 INFORMANT 1 Thelma Ro	355 Wij	nter	quarte:	rs Dr.
	18 CAUSE OF DEATH (Enter o	inly one couse per							IMATE INTERVAL
	PART I. DEATH WAS CAUS	ED BY TE CAUSE (a)	Chus	enon	-d calan			1/41	1
77	177772577		R AS A CONSEQUE	NCEOF					
	Canditians, if any, which	DUE 10, OF	AS A CONSEQUE	NCEOF	(
	gove rise to immediate	(0)							
	cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF					
	PART 2 OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO F	EATH BUT	NOT PELATED TO THE YERAM	UNIAL DISEASE OR CON	DITIONIC	IVEN IN PART 1.	
Z	TAKE OF THE STORE CARE	CONDITIONS <u>CC</u>	NATION NO TO E	LAIII 001	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITIONG	IAEIA IIA LWKI II	0
CERTIFICATION	190 DATE OF OPERATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YE	S, WERE FINDI	NGS USED
FIC							IN CERT	IFYING CAUSES	OF DEATH?
ERT	710 ACCIDENT WAS UNDERLYING	7 216 TIME O	FINITIRY	-	21c HOW INJURY OCCURE	YES NO		ES CORRES	ио 🗌
	OR CONTRIBUTING CAUSE OF DE		M. MONTH DA	Y YEAR	211 HOW WHOOK! OCCOR	TENTER NATURE OF INJU	RT IN HEM 18	PARI I ORPARI 2	
ICA	(IF EITHER NOTIFY MEDICAL EXAMINE			19					
WEDICAL	21d INJURY OCCURRED	21e PLACE (OF INJURY EET FACTORY, OFFICE, FA	ARM ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	AT WORK AT WORK								
	220 1 certify that (1) (this hosp	oital) attended the	deceased Irom_		. 19	, ta	20,000	. 19	that (I) (we) los
	sow the deceased alive a abave, (1) (we) (gid) (did h	ot view the body	olter death.	, or	nd that in (my) (our) apinion	death accurred an the d	ate and ha	or and fram the	causes stated
	226. SIGNATURE				DEGREE			22c DATE	SIGNED
		$\Lambda\Lambda$			ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN [12.	30-80
	22d. PHYSICIAN'S NAME 1111	ol/min			22e ADDRESS				
	Andrew	J. Forg	ash.M.		520 Riversi		alish	uy.m	02180
	BURIAL, CREMATION, REMOVA	L 36 DATE	23¢ N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	17 74.0	COUNTY	STATE
	Burial	12/22		cingl		Salisbu	ry W	icomic	
24_FI	UNERAL DIRECTOR				25a DAT	E REC D. BY REGISTRAR			



	1.	FOR STATE	DEPART	MENT OF H	E OF MARYLAND / HEALTH AND MEN AL HYG FICATE OF DEATH	IENE Ó O	3 6	0 0
JAN	-5	REGISTRAN FIRST	WIDDLE		AST	REG. NO	D. MONTH DAY YE	AR Zb HOUR
	1	SHIPPINTI A		7	TRR SR	DATE OF DEATH	77 190	1 43
10	1.5E	/V ORMAI	Henry Henry	S. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UNDER I	YEAR IF UNDER 24
/		Male	White	Apri	1 25, 1910	76	YRS MONTHS:	AYS HOURS
30		RTHPLACE STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	D X NEVER MARRIED	9 BALTIMORE CITY O		Н
25		irginia	USA	WIDOWE		Wore	ESTER	
P/	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		OR OTHER INSTITUTION	120 USUAL OCCUPATION		ND OF BUSINES
10	5	NOW HILL	Rt. 1 - Box	110		Farmer		ick Farm
35	Ma:	ryland Word	ROTHER INSTITUTION GIVE RESIDENCE BEFOR NTY 13c. CITY OR TOV Cester Snow H:	VN	134 INSIDE CITY LIMITS?	Rt. 1-Box		.863
3	14 FA	Charles	MIDDLE LAST		IS MOTHER'S MAIDEN NAME FIRST Joseph:	MIDDLE	Dryder	LAST
dical		VAS DECEASED EVER IN U.S. A	VE WAR OR DATEST		17 INFORMANT	ADDRE	SS	
2/		No	228 18 2	2349	Louise M. Ta	arr, Snow	Hill, Mary	
Total X		PART I. DEATH WAS CAUS	nly ane cause per line far (a). (b), a ED BY: TE CAUSE (a)		ancer			PROXIMATE INTERVIEN ONSET AND D
ar ather troum		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c)	JENCE OF				
Š.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR CON	OITION GIVEN IN PA	RT Ira
1980								
9	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA	JSES OF DEATH
9	AL CENT	710. ACCIDENT WAS UNDERLYING (OR CONTRIBUTING CAUSE OF DE	21b. TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	N WAS PERFORMED	YES NO	IN CERTIFYING CA	JSES OF DEATH
Service Services		710. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D	OAY YEAR		YES NO	YES TO THE TENT OF PA	USES OF DEATH
ANT, If hem 21 is morked to them, 46 shows only mi	AL CENT	21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 22a.1 certify that (I) (this hasp	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME. STREET, FACTORY, OFFICE.) Showing the body after death.	PAY YEAR 19 FARM ETC)	21s. HOW INJURY OCCURR	YES NO CITY OR TOTAL TO CITY OR TOTAL Leath accurred an the da	WN COUN COU	y st.
ANDORTANT, If hem 21 is marked by them ple shows any my	MEDICAL CENT	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 276. I certify that (I) (this hasped ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on above (II) well did possible of the deceased ally on a supplied the deceased ally on a supplied the deceased all the deceased	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, ital) attended the deceased from Showew the body after death.	PARM ETC)	211. LOCATION STREET 211. LOCATION STREET 19 19 10 11 11 12 12 12 13 14 15 16 17 17 18 18 18 18 18 18 18 18	YES NO CITY OR TO! to CITY OR TO! to CITY OR TO! PHYSIC	WN COUN COU	y sta
IMPORTANT. If hem 21 is marked to harmed thouse any im-	MEDICAL CENT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AND	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, ital) attended the deceased from Showew the body after death.	PAY YEAR 19 FARM ETC.) NAME OF C	211. LOCATION 211. LOCATION STREET 214 that in (my) (oon) apinion d DEGREE ATTENDING PHYSICIAN	YES NO CITY OR TOWN	WN COUN COU	y str



Void Death Certificate

86. #36670





000	STATE OF MARYLAND				
028919 JA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH DEPARTMENT OF HEALTH AND MENTAL HYGIENE S OREG, NO. 3 6 6 7				
} : 11	DECEMENT NAME FIRST	2 Katherin	E Beal	12 20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR BY
ge 4 moy	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY 10 24 /6	6. AGE (IN YEARS EAST BIRTHDAY) 70 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
leoth. Por ing2 bou	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) WEST VIRGINIA	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	ALLE JANY	MD.
by the fu	CUMBERLAND	(IF NOT IN SUCH FACILITY, GIVE STREET CUMBERLAND NUF	RSING HOME	120 USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIF	126 KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours certificate by security and completely, filled in by os the buriol-transit permit. Then pleas security the pleas of the buriol-transit permit. Then pleas content the medical examiner must be permit and Meeting Hygiene prior to buriol.	MARYLAND ALL	E OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR DUNTY 136. CITY OR TOW CUMBERLA	AND YES NO X		HTCHWAY 32
ompletely lengmine	14. FATHER'S NAME FIRST WALTER	MIDDLE GLAZE	15. MOTHER'S MAIDEN NA FIRST ANNA -	AME MIDDLE ADDRESS	DAVY
be execution on ond control on ond control or ond control or ond control or one of the	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (15 YES)	ARMED FORCES? 166, SOCIAL SECU GIVE WAR OR DATES) 216-14-		12006 McMILLEN H	
ST., BAL	PART I. DEATH WAS CA	r only one cause per line for (o), (b), as USED BY: DIATE CAUSE (a)	remontis		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
depth c	Conditions, if ony, which gove rise to immediate				
s that the ed by oleas riol, or oil	couse (a), stoting the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF (c) IT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO			
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R ATTENDI hospital or IRECTOR. A hed for use ept. of Heal	AT WORK	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC STREET	10 nfg	19 86 , that (It (we) last
	sow the deceased alive an pobove, (1) [well idlid] (did not) view the body after death. 226. SIGNATURE 226. PHYSICIAN'S HAVE (Type OR PRINT) 226. PHYSICIAN'S HAVE (Type OR PRINT) 227. ADDRESS				
SPITAL d by d VERAL be de land:					
TO HOI retoined Should should with the IMPOR	230. BURIAL, CREMATION, REMO	VAL 236 DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
BP	BURIAL	DEC 29 1986 RES	ST LAWN CEMETERY	LAVALE ALLEGAN	Y MARYLAND
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME SILCOX-MERRIT*	T FUNERAL HOME CUM	IBERTAND MARYLANDE	C 3 0 1986 Julia	Dividion Pandale

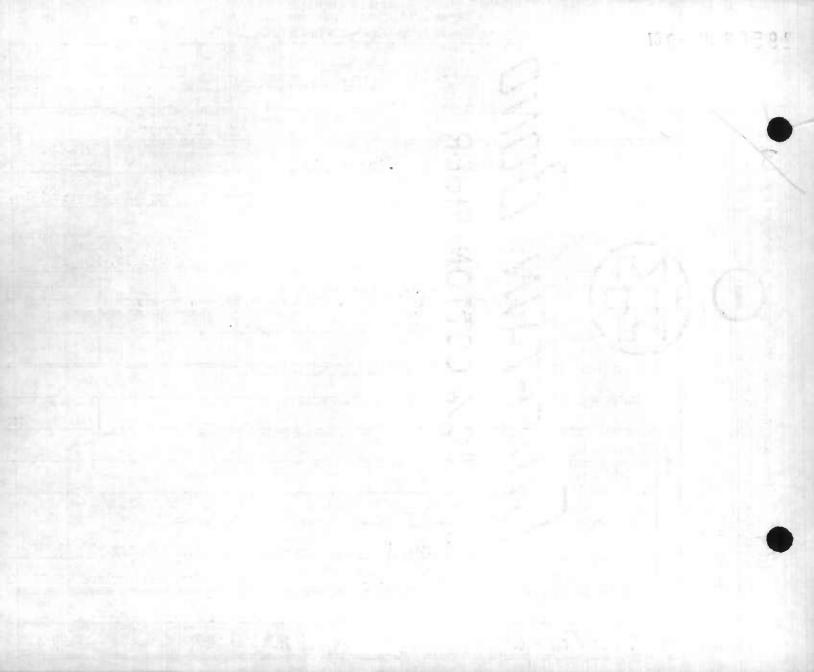
112-11 11350 2 de la companya de la moderated home many many 12.15 A HASIN CA ROLLING

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 20. DATE OF DEATH MONTH 2b. HOUR DECEASED NAME TIPE OR PRINTINT 1 7 SON Bradlev Dec.16. 1986 3:00 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 3. SEX HOURS White 85 Male Sept. 10011901 BALTIMORE CITY OR COUNTY OF DEATH TE CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED Mo USA Allegany WIDOWED X DIVORCED [12a USUAL OCCUPATION 17b. KIND OF BUSINESS OR ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION Frostburg DOA Prostourgo Hospital Kelly Springfleld Tire USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maregany 13d. INSIDE CITY LIMITS? Longcoming Lincoln IS MOTHER'S MAIDEN NAME McKenzie MIDDLE Bradley Margaret Md ADDRESS 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 214-05-9899Virginia Connor 18 Douglas Ave, Lonacon MO MOWAR OR DATES) NO OR UNKNOWN APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), I PART I. DEATH WAS CAUSED BY: In farction minutes Myo Cardial IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Athero schrose Conditions, if ony, which gove rise to immediate couse (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 78a AUTOPSY? 19a DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO T NOK YES [710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M. 214 INJURY OCCURRED 71e PLACE OF INJURY 211 LOCATION COUNTY STATE CITY OR TOWN (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE A45 10 220.1 certify that (1) (this hospital) attended the deceased from. 19 86 , and that in (my) our) opinian death occurred an the date and hour and from the couses stated obove (I) (we) (did) (did not) wew the body ofter deoth 22c DATE SIGNED 776 SIGNATURE DEGREE ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12-17-86 77e ADDRESS 27d PHYSICIAN'S NAME TTYPE OF PRINT ld b MPORT/ Jackson St. Lonaconing, Md. Thomas Devlin 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 2-18-86 ISPECIFY) Burial Frostburg Mem. Park Frostburg Allegany Md." 74 FUNERAL DIRECTOR Julia Davidson DHMH - 16 50M 4/83 Eichhorn-McKenzie Funeral'Home (VRA 15, 4)

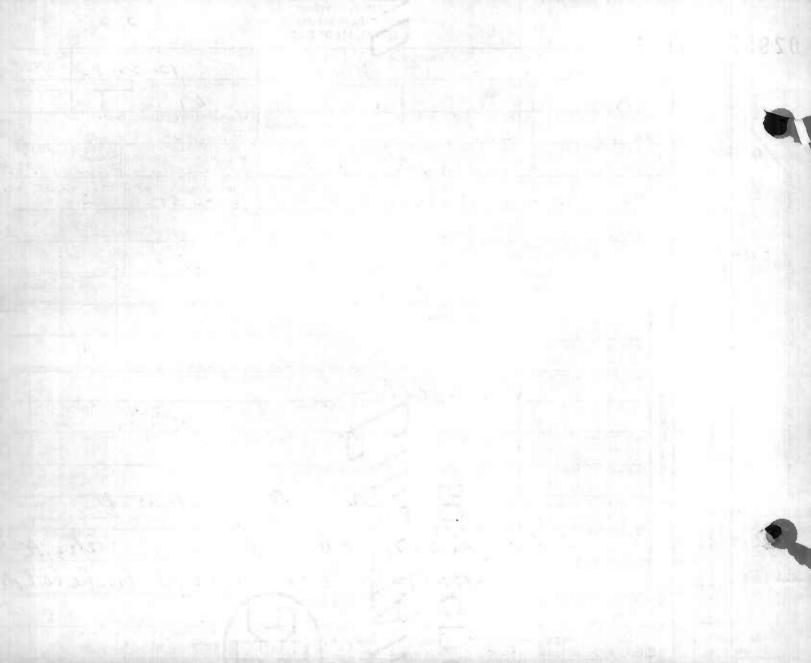
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME TO DATE KNOWN XX MONTH (TYPE OR PRINT) OF ESTI-12 31 William Brenneman Hugh 4 RACE 6 AGE IN YEARS IF UNDER TYR. 5 DATE OF BIRTH IF LINDER 24 HRS 2d HOUR DATE DAY PRONOUNCED 7"57p 86 2/26/1921 White BIRTHPLACE (STATE OF CITIZEN OF WHAT COUNTRY: 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY) Allegany WIDOWED DIVORCED Maryland 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS II CITY OR TOWN OF DEATH Self-Employed Frostburg Community Hospital Frostburg Excavator 69 21536 (3d INSIDE CITY LIMITS? 13e STREET ADDRESS OLINTY NO Star Rt., Box 495, Grantsville. Grantsville Maryland Garrett 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MD MIDDLE MIDDLE Schrock Brenneman Amelia 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Star Prote Box 69 225-18-6462 Elsie Brenneman Grantsville, MD WW 2 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Myocardial infarction IMMEDIATE CAUSE (a)... DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which Coronary artery disease gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO XX 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE CITY OR TOWN Inspection XX 220 I certify that I took charge of the remains described above, held an TO FUNERAL DIRECTO AFTER DEATH, WITH TH BALTIMORE, MARYLAN death resulted fram: Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-31-86 M.D. Deputy MEDICAL EXAMINER Giovanni Mastrangelo, M.D. _ADDRESS_ 900 Seton Drive, Cumberland, MD21502 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 1/4/87 Glade Cemetery Accident. Garrett. MD 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Grantsville, MD

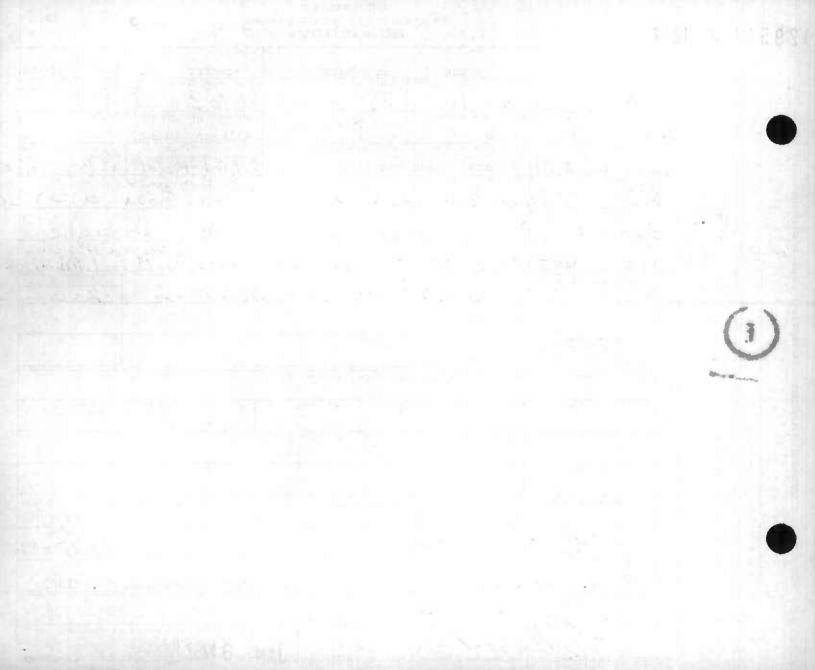
STATE OF MARYLAND



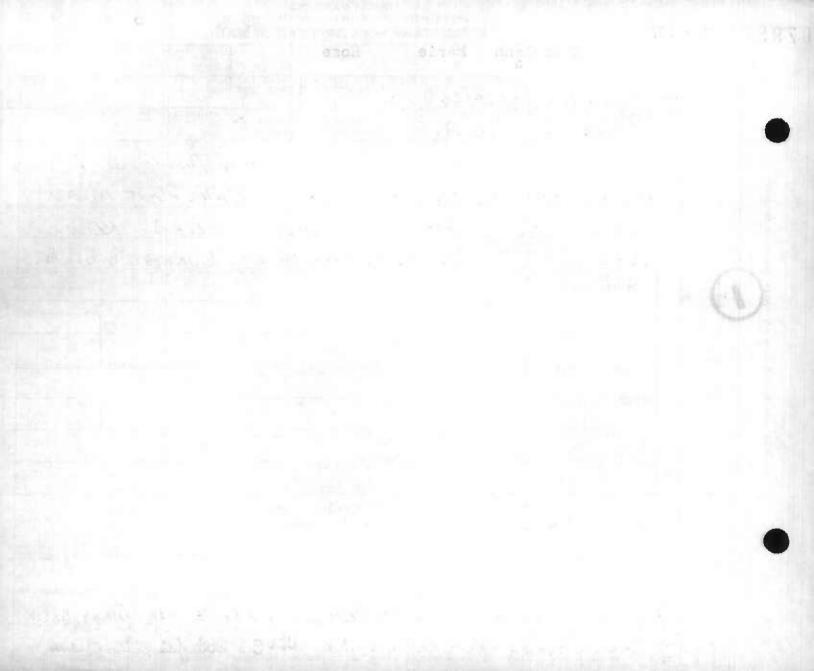
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH OREGISTRAR REG. NO DECEASED NAME 20. DATE OF DEATH Davis 2b. HOUR Julian Francis (TYPE OF PRINT) lian deo a aUis 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTH YEAR Male White 99 7a. BIRTHPLACE (STATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED X COUNTRY U.S.A. Maruland Allegany WIDOWED DIVORCED T 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID. CITY OR TOWN OF DEATH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Cumberland INDUSTRY Western Md. Accountant Nursing Home USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 603 603 Greene St. 13a. STATE 136. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 21502 YES X AlleggN Cumber lained NO F -reen 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Cordial Davis Edward Anna 108 N. Smallwooda St. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT HE YES, GIVE WAR OR DATEST John D. Landers No 705-10-8198 Cumb. MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 CERTIFICATION 190 DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED à IN CERTIFYING CAUSES OF DEATH? NO [Hyge 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OF PART 2) 00/ HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. Me 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION 50 CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from 1986 and that in (my) (our) opinion death occurred on the date and hour and from the couses stated sow the deceased alive on. obove, (1) (we) (did) (did not) yes, the body after death 37h SIGNATURE DEGREE 77r. DATE SIGNED ATTENDING should be deto with the State [FUNERAL PHYSICIAN IL DIRECTOR PHYSICIAN MPORTANT 274 PHYSICIAN'S NAME 21s ADDRESS 0 73s. BURIAL CREMATION, REMOVAL 33b. DATE 731 NAME OF CEMETERY OR CREMATORY THE LOCATION MDSTATE **ESPECIFY** SS. Peter & Paul 12/24/86 Allegany BP Burial Cumb. 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE George-Upchurch Funeral Home, P.A. DHMH - 16 50M 4/82 ulia Divideon Part ca (VRA 15, 4) Cumberland MD 21502 202 Greene St



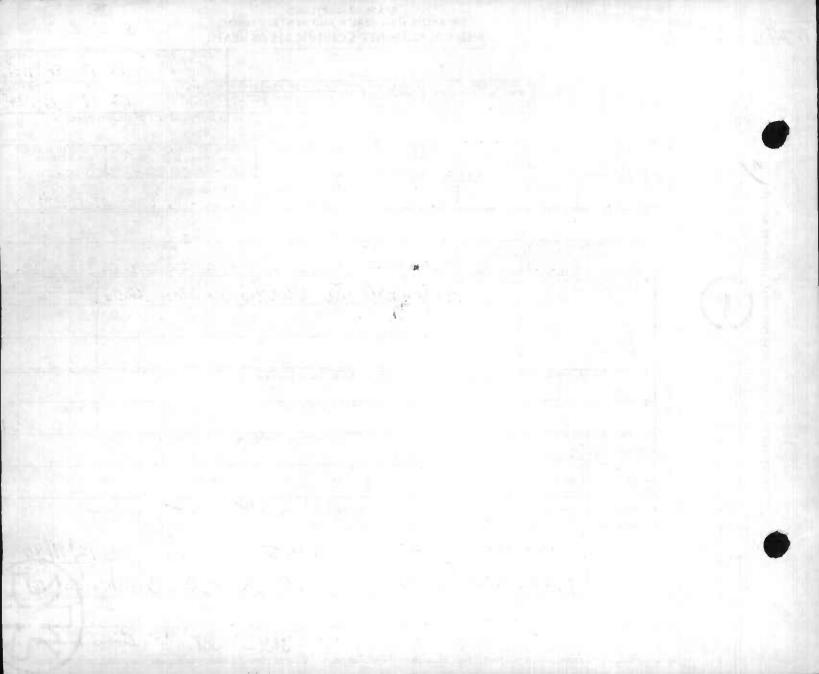
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE. 17-7 STATE CERTIFICATE OF DEATH U REGISTRAR REG. NO 1. DECEASED NAME MIDDLE LAST 20. DATE OF DEATH 25 HOUR (TYPE OR PRINT) 1986 Robert 01:00AM Emmett Dougherty December 3. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAYS IF UNDER I YEAR IF UNDER 24 HRS MONTH 23 TO BIRTHPLACE I STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** 76. CITIZEN OF WHAT COUNTRY? MARRIED MEVER MARRIED WIDOWED DIVORCED [Allegany County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR INDUSTR Sacred Heart Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Koad 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME ARMED FORCES? 217184117 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and Tel PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE IO DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE AT WORK AL WORK 220 | certify that (1) (this haspital) attended the deceased from. saw the deceased alive an_ and that in (my) (aur) opinian deoth accurred an the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME LIVE OF PRINTS 77e ADDRESS d b Dr. Bruce Behounek 912 Seton Drive Cumberland, MD. 21502 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE REmoval WYTATE WVU Dept. of Anatomy 12/27/86 Morgantown, Mon. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 same as above (VRA 15, 4)



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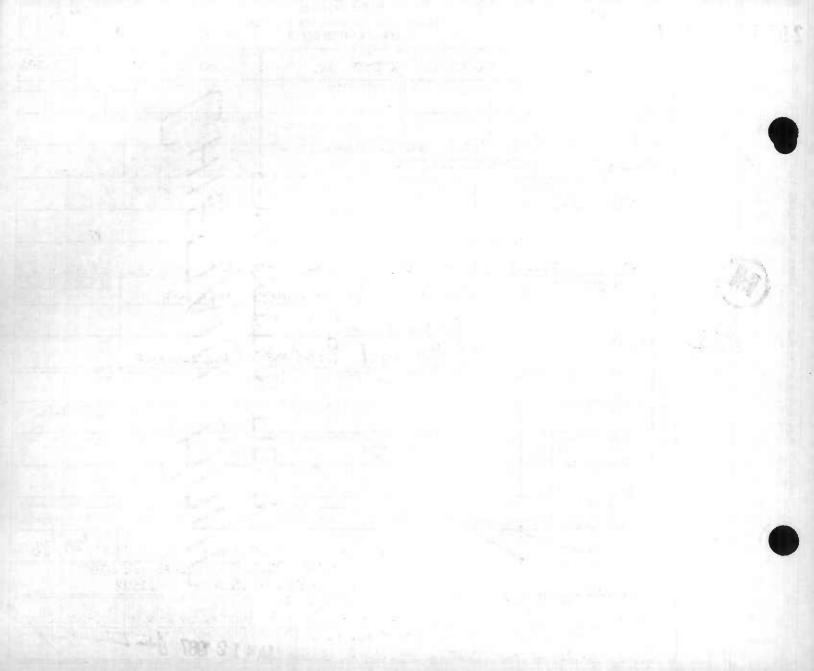
STATE OF MARYLAND



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		1	- STATE Cumberl	and, MD 21502	CERTII	FICATE OF DEATH	S O NO	0000
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	0 g 6 g 3 g+	23a	BURIAL, CREMATION, REMOVAL		23¢ NAME OF	CEMETERY OR CREMATORY	23d LOCATION	
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O HOSPITAL TO FUNERAL should be de with the Stort		DR. ZAMAN				CUMBERLAN			21502	
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DHMH - 16 60M 7/84	24 FL	NERAL DIRECTOR GEORG	e-Upchw	rch Funer	al Hon	ie, P.A.	250. DATE	REC'D. BY REGISTRAR	Sh JEGISTRAS	SIGNATURE
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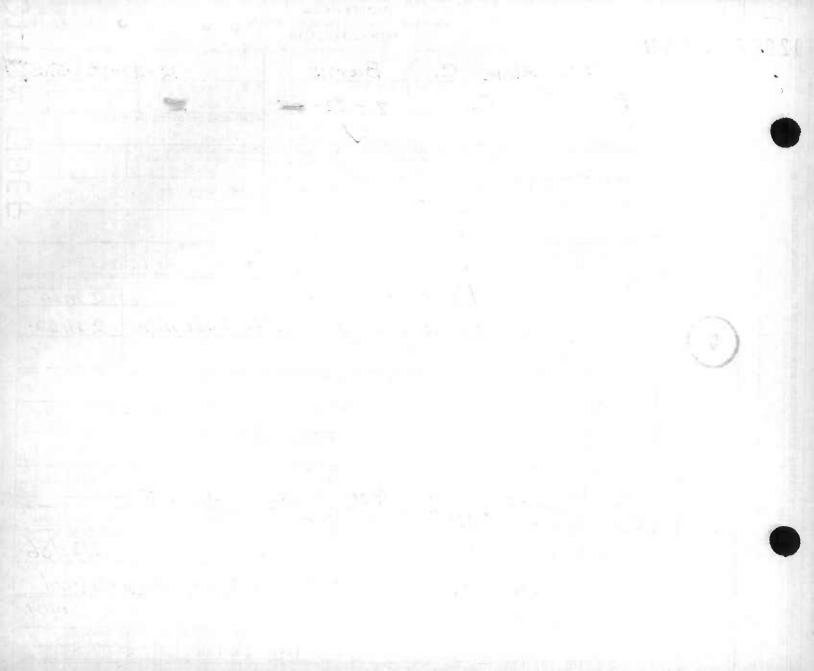


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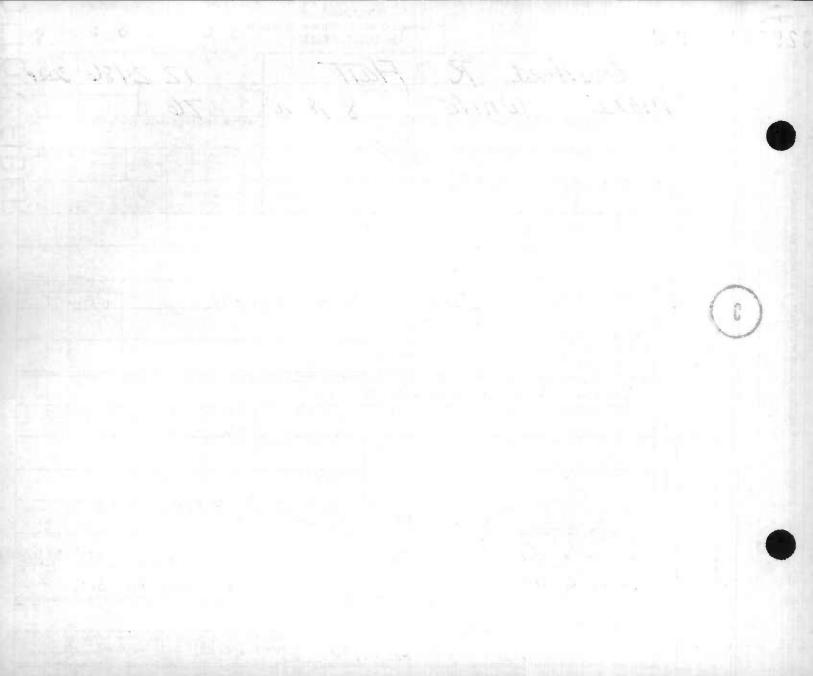
	1	and the second		STATE OF MARYLAND		
) 29464 JA	NF	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 5 3	6065
		ECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 75	115	LILLIAM	m. AN	DERSON Jr	122	986 9:40PM
7 1 60	1.5		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
9 15		MALS	WHITE	Aug. 13,1903	83 YRS	WONTHS DATS HOURS MIN.
A 100	311	HRTHILAGE (STATE OR FOREIGN	L CITIZEN OF WHAT COUNTRY?	8 6	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 12 12	1	COUNCIES	i.e'n	MARRIED NEVER MARRIED	0 - 0 -	1
1 8 14 85	71	IT OR TOWN OF DEATH	H COLI	WIDOWED DEVORCED DE HOME OR OTHER INSTITUTION	126 USUAL OCCUPATION	I 126 KIND OF BUSINESS OR
L 1 1	37	TO TO TO TO THE AIR	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING LIF	
2 10	7	innapolis	Hone Hrundel	General Hospital	Ketired	Drate of MU
2 77 70	130	STATE IS COUN	TY 130 CITY OR TOW		13e STREET ADDRESS / ZIP CODE	21666
N 7 11 5		mo la	bot Stevens	MILE YES NO X	330 Queen Ho	nne Road
PYL	Jie.	ATHER'S NAME	AIDDLE A LAST	15 MOTHER'S MAIDEN NAM	ME MIDDLE	LAST
1 1 20	CHC	Uilliam M.	Anderson.	Sr. Florence		Kose
SE S	160	WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO 17 INFORMANT	ADDRESS 330	Queen Anne Ad
2	04	THE TO DE UNLESCONNELL LIF YES, GIVE	- 212-69-4	185 Louise C	Anderson Ste	vensuille.MD21666
7 7 34 4		IA CAUSE OF DEATH (Enter on	y ane cause per line for ial, (b), an	dien O	^ /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED	BY CONTIN	- LOS ALVO (DIE (hust	
5 0 00 0		IMMEDIAI	E CAUSE (o)	6-6	1 1 0	0
of the control of the		Conditions of any bit	DUE TO, OR AS A CONSEQUE	A AD LANGE PACK	10-1/1xailar An	1 Carrie
trong a product		Conditions, if any, which gave rise to immediate) . (b) ////(c)?		W Day (Cott to L A)	
× 1 510 1		cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF		N TO IN PROPERTY.
E 1 100 10		DADE O OTHER SIGNIFICANTS	(c)	DEATH BUT NOT RELATED TO THE TERM	UNIAL DISEASE OR COMPITION OF	ZENI NI DADT 1
SO TO THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART III
0	CERTIFICATION	198 DATE OF OPERATION	TISK CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	S, WERE FINDINGS USED
A 0 0 0 0 0 0	2 5	DATE OF OFERATION	The Condition Tok which	OF ENAPION WAS FER OWNED	INCERTIF	YING CAUSES OF DEATH?
A TO THE OF	의통	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	21. HOW BUILDY OCCUP	YES NO YE	
Z 34 35 # # /	1.00	OR CONTRIBUTING CAUSE OF DEA		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18 P	ART FOR PART 2)
O DO TOTAL	1 5	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19	A STATE OF THE STATE OF T	
OS EL LAPA	7 MEDICAL	114 INJURY OCCURRED	21e. PLACE OF INJURY LAT HOME STREET FACTORY, OFFICE F	ARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
orther from the street	1	AT WORK AT WORK				
20 4 4 5 5 5			ol) ottended the deceosed from			19 6 tho (we) last
E 6 5 3 2 12		saw the deceased alive on above (Piwe) (did (did not	No. 14 19	86, and that I (my) (our) apinion	death accurred on the date and hou	r and from the causes stated
20 张克丁里		Th. SIGNATURE	111	DEGREE		221. DATE SIGNED
4 441 =		farry 1	Ma Janes	ATTENDING PHYSICIAN D	MEDICAL STAFF DIRECTOR PHYSICIAN	12/30/85
F 4 4 4 5 5		THE PHYSICIAN'S NAME (TY)E O	PRINT)	22e ADDRESS		i i
HOS PURE PORT		RAPRY	NATHAN SO	2/ 151 FRANT	RCIN ST. A.	NNAP MD.
5 5 5 5 3 3 -	230	BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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	24.	SUNEWAL DIRECTOR	diana, to I W		E REC'D BY REGISTRAR 256 REGIST	RAR'S SIGNATURE
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ed to		Annonalia	SAL			Gen. Ho	sen		Homemake		LIFE) INDUSTRY	
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dico des		WAS DECEASED EVER IN YES, NO OR UNKNOWN)		VAR OR DATES	16b SOCIA	L SECURITY NO.	17 INFORMANT		ADDRI		nlet Rd	
B B		No			221-3	8-0343	Mr. W	Malter	445 Burns	N.	nlet Rd Palm B	each, FL
the of		18 CAUSE OF DEATH	Enter anly	one cause per	live for (a),	(b), and (c)					APPRO	XIMATE INTERVAL
001		PART I. DEATH WAS	SCAUSED	BY:	Pan	cutot	enia	1			2	mos
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		C49 1	1	DUE TO, O	SA CON	SEQUENCE OF	hhabi	Cat	ic kuke	mil	, 1 2	mas
10		Canditions, if any, v	diate	(b)_	1000	e egi	aprice	COOPE	200	11/60	1	11100
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1				(c)								
hen z to bu	z	PART 2 OTHER SIGNIE	FICANT CO	ONDITIONS <u>CC</u>	ONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE OR CON	DITION G	IVEN IN PART I	10
	CERTIFICATION	190 DATE OF OPERATIO	ON	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	20h 1F Y	ES, WERE FIND	INGS LISED
11:34	문									IN CERT	IFYING CAUSE	S OF DEATH?
1004	E	21a ACCIDENT WAS UNDER	NAME [7]	21b. TIME O	E INTUIDY		121- HOW IN USE	N OCCUPA	YES NO		YES 🗌	ио 🗌
\$ = a		OR CONTRIBUTING CAL		110110 1		H DAY YEAR	210 HO W 11430K	KT OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART I OR PART 2)	
012/	MEDICAL	(IF EITHER NOTIFY MEDICAL		P.		19						
0 2 0 4	9	214 INJURY OCCURRE		21e PLACE		OFFICE, FARM, ETC.)	211 LOCATION		CITY OR TO	WN	COUNTY	STATE
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edili edili		22a.1 certify that (1) (1	his hospito	it attended	may copy (mi)	rem	00,	19 05	_, 10_1/1800	ut	, 19	, that (I) June) last
for of H		a ove the deceased	alive an_	14/4	1100	39	nd that in (my) (pur	el opinion d	eath accurred on the d	ote and ha	our and from the	e couses stated
Dept Flem		22h EIL NATURE	TO TO TO	1 A	arrer death		DEGREE				22c. DATI	ESIGNED
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should by with the	-	TETENT	·VC	KNU	400		11000	1000	ESI 10K,	771111	1/h-OLI	Sing
		BURIAL, CREMATION, RE (SPECIFY)	MOVAL	23b. DATE		Z3c. NAME OF C	EMETERY OR CREA	MATORY	23d. LOCATION CITY OR TOWN		COUNTY	21401
		Removal	l	12-29-	-86							
- 16 60M 7/84	24 F	UNERAL DIRECTOR			ADI	DRESS		25a. DATE	REC'D. BY REGISTRAR			
(VRA 15, 4)			omv B	oard	ADI		o., Md.	JAN	12 198/	gulia	Designa.	Kurdall



0	1	FOR			TE OF MARYLAND			12
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noy be poge 3		Out 140,	ed K	110	211	12	2486	3021
4 mo	3. SE	mal-	4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIRTHD)	MONTHS DAYS	IF UNDER 24 H
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		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COU	MARRI	ED NEVER MARRIED	9 BALTIMORE CITY OR C	OUNTY OF DEATH	
ne funeral within 72	10.0	Towa	U.S.	WIDOW	OR OTHER INSTITUTION	A. Arundel		
# Fo P 4	10.0	IT OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIV		OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF W		BUSINESS
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the the		18 CAUSE OF DEATH (Enter of			I MS. Candace	THOTHCOH -		MATE INTERVAL
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		Canditians, if ony, which	(b)	43EOOEINCE OF				
a all a		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	ISECUENCE OF				
thot by by crease		underlying cause last.	(c)					
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requestration of the corto	Ē		STRUCTIVE LUNG					
n. no berm	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED		OL IF YES, WERE FINDING CAUSES (GS USED OF DEATH?
The die	E	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121. HOW IN HIRV OCCU	YES NO	YES 🗌	NO 🗌
physic physical fricate in the control of Hygen of Hygen of Hygen physical		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONT	H DAY YEAR	210 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	HEM IS PART I OR PART 2)	
ding p discertification of them	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M. 21e PLACE OF INJURY	19	211 LOCATION			
d d d d d	ME	WHILE TO NOT WHILE TO	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC }	STREET	CITY OR TOWN	COUNTY	STATE
or off After ie as ti alth a morke		220.1 certify that (1) (this hosp	sital) attended the deceased	from		to per w	10.86	hot (I) (we)
Ma William		saw the deceased alive a	Dec 13		and that in (my) (per) opinion	death accurred on the date	and hour and I am the c	auses stated
		22b. AIGNATURE	gt) view the body after death.		DEGREE		22c DATE S	
- + + + + + + + + + + + + + + + + + + +		Michael N (Ious (tarwar	Carridy) L	ATTENDING PHYSICIAN	MEDICAL STAFF	/	2518
HOSPITAL med by th FUNERAL UID be dete	1	224. PHYSICIAN'S NAME (TYPE	OR PRINT)	,	22e ADDRESS	DIRECTOR D PHISICIAL		20/0
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(VRA 15, 4)		Anatomy		DRESS Balto	., Md.	1 7 198/	Julia Davidson.	Randae



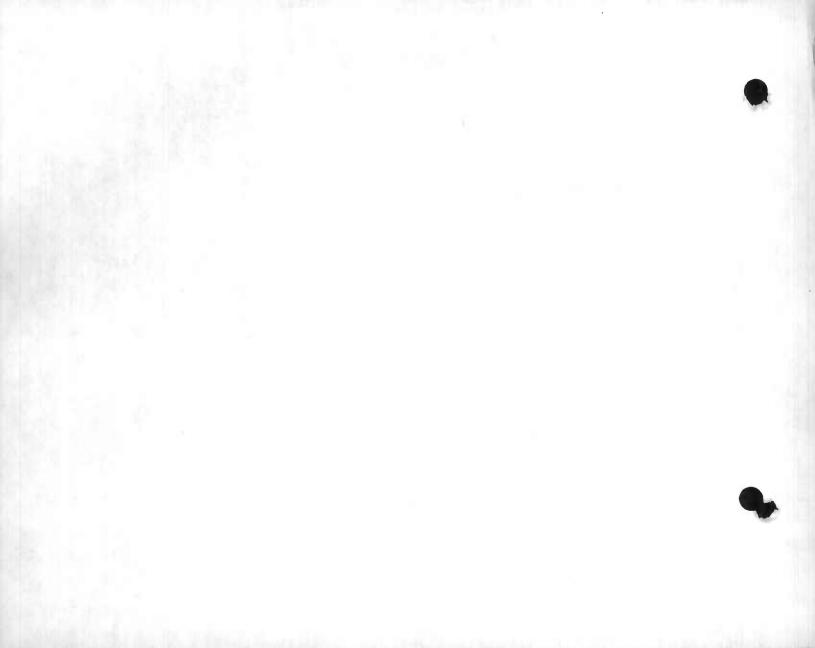
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R. P. P.	D, 21		72a Leartify the	at I took charge	of the remains des	cribed above, held an	Autop	sy , Inspectio	. 7	Inquiry .	ond in my o	0.5.00	
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SEC BE	F	-	deoth resulted fro	m: Naturo	ol couses	Accident L., S	uicide 🔲	, Hamicide L.	Undeterm	nined monner			,
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* # # # # # # # # # # # # # # # # # # #	# J.		SIGNATURE	mu	and,	77	man	D. Jepus	TY MEDICA	L EXAMINER	SIGN	ED / 2/30	186
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MED GCUTE FUNE	E E	~	(TYPE OR PRINT)	Will	iam P. Jo	ones, M.D.		ADD 695 Amer	rica Cr	t.David	isonvil	e,Md. 2.	1035
TO FUNERAL DIR	BA	23a.Bl	JRIAL, CREMATION	REMOVAL 23	b. DATE	23c. NAME OF CE			23d. LOCA				
11111			tombment	3	Jan 1987	7 Greenlaw	m Mam	Park		Lumbia,	Richla	and sc	TATE
07/84 BP	-		NERAL DIRECTOR	10 11	6/ /-	Greeniav	via tretti		REC'D BY RE	GISTRAR 25h	REGISTRAR'S	SIGNATURE	-
DHMH -	17		NAME	K. M.	Hep Below	2 .	1400	1 4 4 5 7	6 19	37	The state of the s	oro. Afronc	
(VR A15 M	AE (5))	511	igreton F	uneral	Home, Gle	n Burnie,	MD	JAN	. ,0				

One die gertmounty Person A.S.C. V. D. Willen P. 3- m. Deporty 13/25/01

Void Death Certificate **
#86-36687

1_





			STATE OF MA	ARYLAND		
029459 JAN	16.	NGR STATE REGISTRAR	DEPARTMENT OF HEALTH A CERTIFICATE		E 8 6 3	5083
		CEASED NAME FIRST	MIDDLE LAST	20	DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
decorp b		CARMEN	0000011	0	12	2786 9 AM
4 to 10 to 1	1. SE	10/5	S. DATE OF BIRTH	DAY Q TOTAL	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
g all a	70 BI	RTHPLACE (STATE OR FOREIGN	LOUNTRY? B	0 1701	BALTIMORE CITY OR COUN	
1 11 25	14 0	OUNTRY	MARRIED NE	EVER MARRIED '		UNOEL. MD
IX II IS	10. C	TY OF TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OF OTHER		USUAL OCCUPATION	126 KIND OF BUSINESS OR
102	6	LE RESIDENUE (IF NURSING HOME OR	HANE HPUNDE/GE	NEPAI	IAIIOT.	FACIOTY.
AND 21		TATE PA 13h DYN	THER AUSTITUTION, GIVE RESIDENCE BY ORE ADMISSION) 13 ONLY OR OWN 13d. INS	NO	STREET ADDRESS / ZIP CO	TIANST 19/47
1 19/91	H. FA	THER'S NAME	IDDLE DIAST 15 MOI	THER'S MAIDEN NAME	WIDDLE	N/. 1/.
W 1 1 1/1	2	VAS DECEASED EVER IN U.S. ARA	IED FORCES? 166 SOCIAL SECURITY NO. 17, INFO	OSAME	ADDRESS	INODIEA
IMORI Poper medio	(WAR OR DATES) 164 SOCIAL SECURITY NO. 117. INFO	ENNIE /	PINTO #	13
BALT		18 CAUSE OF DEATH (Enter onl	ane couse per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED IMMEDIATI	CAUSE (a) ACUTE CONONA	try INS	UPFICIENCY	IHOUR
NO A TEST			DUE TO, OR AS A CONSEQUENCE OF			
EST BEST		Conditions, if ony, which	(16) ATHERO SCIENOT	ic CARDI	OUNSCULAR	PISEASCI
A 4111		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUENCE OF			
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DS, 20 gorres, 1 signed hen ple to burso quey, or	NO	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	LATED TO THE TERMINA	L DISEASE OR CONDITION	GIVEN IN PART 110
RECORDS	CATE	196 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS P	PERFORMED	20a AUTOPSY? 20b IF	YES, WERE FINDINGS USED
THE TANK	Ħ					RTIFYING CAUSES OF DEATH?
THE STATE OF THE S	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY 21c. HO		(ENTER NATURE OF INJURY IN ITEM	
DIVISION OF VIT	¥	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19			
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TTEN TTEN TTEN TTEN TTEN TTEN TTEN TTEN		saw the deceased alive an above, (1) (we) (did) (did not	view the body after death.	(my) (our) opinion deat	h occurred an the date and l	nour and from the couses stated
OR P		226 SIGNATURE	DEGREE			22c. DATE SIGNED
7 th Charles 1 th		1/2 L/le	mn.	ATTENDING PHYSICIAN	AEDICAL STAFF IRECTOR PHYSICIAN	12/27/86
HOSPH HOSPH FUNE THESPH		274 PHYSICIAN'S NAME (TYPE OR				
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90	230 8	URIAL, CREMATION, REMOVAL	23b. DATE 23c, NAME OF COMETERY	Y OR GREMATORY	23d LOCATION	TOUNTY / STOM
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	4 96	0	TE BIRTHPLACE (STATE GEYOL COUNTRY)	76 CITIZEN OF	WHAT COUNTRY?	MARRIED C	NEVER MARR	RIED "	BALTIMORE CITY O	R COUNTY O	OF DEATH	
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		7	sow the deceased abave, (4) (we) (dia	alive an		66_, and 1	high in (my) (aur)	apinian de	ath occurred on the de	te ond hour	and fram the c	causes stated
	OR A borbed Dept.	E e e	226. SIGNATURE	11	10	DEC	GREE	15.110			22c. DATE	SIGNED
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24 FUNERAL DIRECTOR

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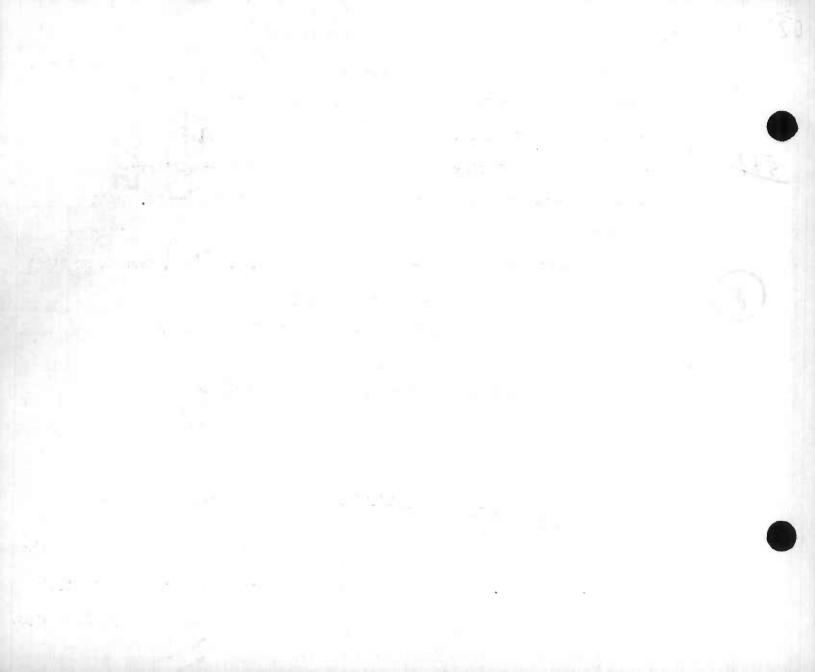
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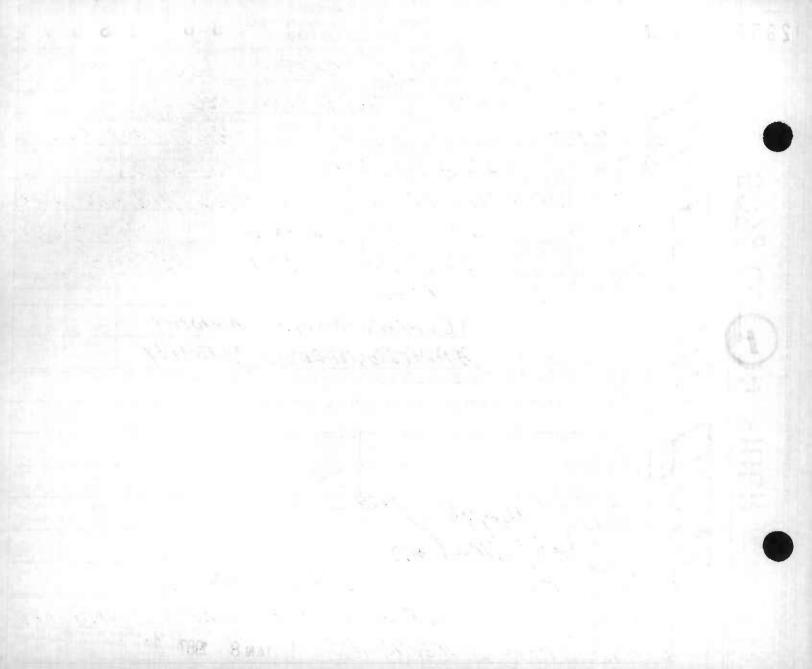
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26617 DEC	D-GEATE GEGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 3 6 5 9 1 CERTIFICATE OF DEATH			
	1 DECEASED NAME FIRST	WIDDLE	EAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 11 2	Melvin		Tilghman Tilghman	12	4 86 4:30 a _m
pe 4 mo	Male Male	A RACE Negro	5. DATE OF BIRTH NONTH DAY 12 10 1919	6. AGE (IN YEARS LAST BIRTHDAY) 86 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS M.IN.
10 to	Ju BIRTHPLACE (114)E OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED X NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
	Maryland	U.S.A.	WIDOWED DIVORCED	A.A	MD.
THE	Ann apolis	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION ADDRESS)	12a USUAL OCCUPATION 1TYPE OF WORK FOR MOST OF WORKING LI retired militar	
Jan and Market	USUAL RESIDENCE LIF NURSING HOM 130 STATE 136 CC	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c, CITY OR TOW	N 134 INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP COD	E
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1020	unknown	MIDDLE LAST	Helen	MIDDLE	Tilghman
Poges	160 WAS DECEASED EVER IN U.S. (VESI BORUNKNOWN) (JE YES	ARMED FORCES? 166. SOCIAL SECU Gife war or dajesj 214-16-		Carelyn r,Ms, Brooks, Ea	ston, MD 21061
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Ucon ucon your ha	21g, ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCUR		ES NO
Clar	OD COLUMNIC CALLET OF	DEATH HOUR A.M. MONTH DA			
S PHTS Therdin The by ond Me ted or I	21d. INJURY OCCURRED	21e PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F	ARM_ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ENDIN el or o DR Afr russ or russ or russ or	220. Certify that (1) (this haspital) attended the deceased from 2/24/84 , 19 , to Jan 11 , 19 86 , that (1) we) lo sow the deceased align on Jan 11 , 19 86 , and that in (my) (our) apinion death accurred on the date and hour and from the causes stated				
HOSPITAL OR ATT med by the hospit FUNERAL DIRECTO ild be detached for the State Dept. of The State Dept. of	obove, (1) (ve) (did) (0)	DEGREE ALENDING MEDICAL STAFF 12-5-84			
District Annual Control of the Contr	Paul S. Rho			on Center, Croft	on, MD 21114
BP	BURIAL, CREMATION, REMOV	12-9-86 1236.1	NAME OF CEMETERY OR CREMATORY ETC)'NS	HUYLOCK DOX	chester Md
DHMH - 16 50M 4/B3 (VRA 15, 4)	24 FUNERAL DIRECTOR WILLIAM Keeset	SKNS MOITUAIV - 8	21 West St. DE		TRAR'S SIGNATURE Devidern. Randows



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIA7 STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. I. DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR (TYPE OR PRINT) 4. RACE 6 AGE (IN YEARS LAST BIRTHOAY) 3 SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNIOFR 24 HR MONTH O. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [126. KIND OF BUSINESS OR INDUSTRY USUAL RESIDENCE GIVE RESIDENCE BEFORE ADMISSIONS 13a. STATE. 134 INSIDE CITY LIMITS 3 NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDOLE MIGDLE ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT I (IF YES, GIVE WAR OR GATES) IYES, NO OR UNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CHERD VASCULAIR ACCIDENT Conditions, if any, which gove rise to immediate DUE TO, OR STANGENERIC SCLEPEDS IS 3, SENILITY couse (o), stating the underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO IT 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 71d. INJURY OCCURRED 211. LOCATION 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN COUNTY STATE NOT WHILE AT WORK and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 37h SIGNATURE DEGREE 771 DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS 23c NAME OF CEMETERY, OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 250. DATE RECD BY REGISTRAR 256 PEGISTRARS BIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)



2 SEX 4 RACE 5 DATE OF BIRTH MONTH DAY YEAR 05/07/16 white To BURTHPLACE TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED T Manuland III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION HE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 1218 Manle Avenue DE STATE 13c CITY OR TOWN 136 COUNTY 13d INSIDE CITY LIMITS? YES NO NO Raltimore Arbutus 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST illie Francis 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT LYES NO OR UNKNOWN LIF YES GIVE WAR OR DATES! 212-05-3673 Norma M. Hensler 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b) and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o Conditions, if ony, which gove rise to immediate couse to stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 710. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM, ETC.) WHILE IN NOT WHILE IN 22a I certify that (1) (this hospital) attended the deceased from sow the deceased almoon obove (Thiwe) (did vidid not view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

. C. Water +

24 FUNERAL HOME

23b. DATE

230 BURIAL CREMATION REMOVAL

DHMH - 16 60M 7/B4 (VRA 15, 4)

MIDDLE

- STATE

9-8-3 DEC

RECHSTRAR

DECEASED NAME

STATE OF MARYLAND

CERTIFICATE OF DEATH

1213 86 Rafta War

Balto. - Wash. Crematory Laurel

1328 SULPHUR SPRING ROADERECD. BY REGISTRAR 25% REGISTRAR SSIGNALE

HONAPON

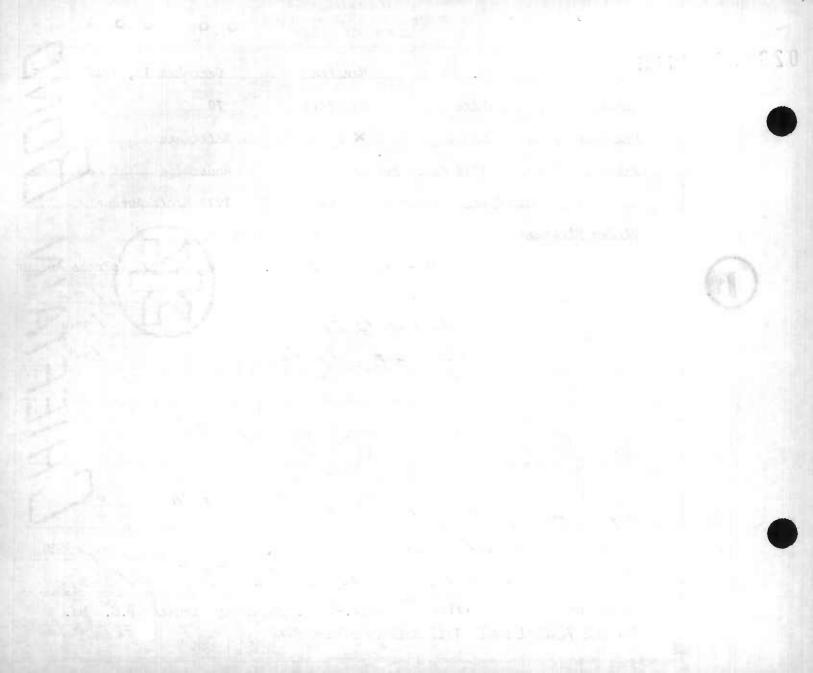
DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG NO In DATE OF DEATH MONTH 26 HOUR 700 Docombox 10 & AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH Raltimore 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY Housewike 13e STREET ADDRESS / ZIP CODE 1218 Manle Avenue 21227 5503 Dolores Avenue APPROXIMATE INTERVAL Zu RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOR 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART) OR PART 2)

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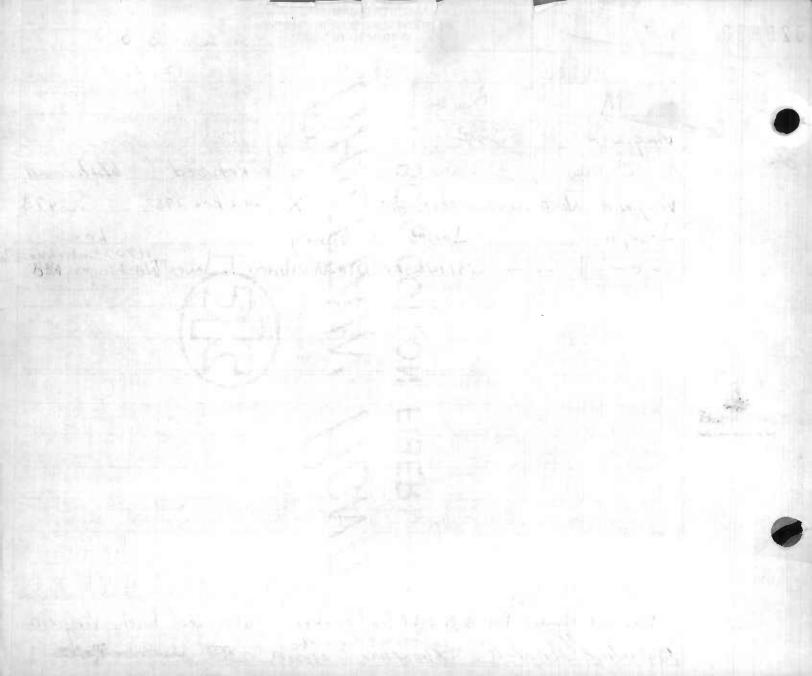
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STATE

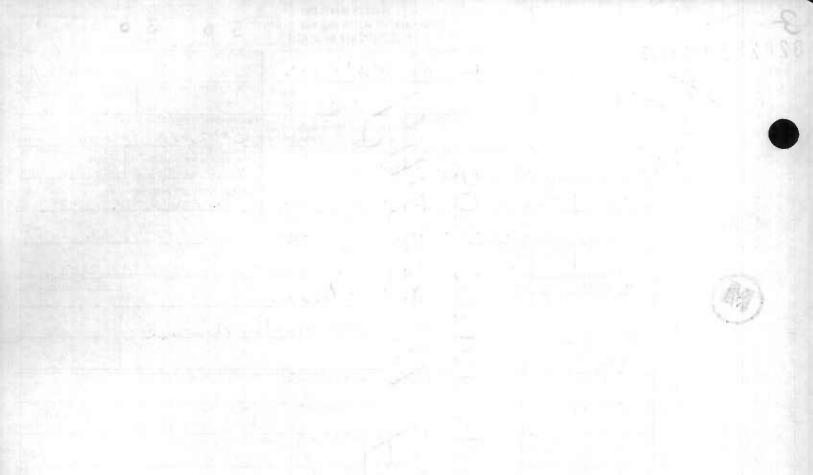
CITY OR TOWN



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 029653 JAN 20-89 ATE CERTIFICATE OF DEATH 20 DATE OF DEATH 2h HOUR L DECEASED NAME FIRST (TYPE OF PRINT) NIE 26 86 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYPAR IF LINDER 24 HRS 4 RACE 5 DATE OF BIRTH 3 SEX MONTH DAY YEAR ac Th CITIZEN OF WHAT COUNTRY 10 BIRTHPLACE (STATE OF FOREIGN 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED VIRGINIA WIDOWED DIVORCED TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR 13e STREET ADDRESS / ZIP CODE RHZ BOX 295 FATHER'S NAME 15. MOTHER'S MAIDEN NAME ONES WAS DECLASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT I (IF YES GIVE WAR OR DATES) [YES, NO OR UNKNOWN] 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I, DEATH WAS CAUSED BY Whorks IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE O Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO I 21n ACCIDENT WAS UNDERLYING 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL LIE EITHER NOTIFY MEDICAL EXAMINERS P.M. 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) WHILE NOT WHILE 22a | certify that (1) (this haspital) attended the deceased from Beenber 26 1980 _, and that in my) tour) opinion death occurred an the date and hour and from the causes stated oboye (Miwe) (did) (did not) view the bady after death DEGRE 22c DATE SIGNED MATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY CITY OR TOWN 4 licomico i egiNIA DHVH - 16 60M 7/84 (VRA 15, 4)



1.0	REGISTRAR DECEASED NAM	GbJ.	ME	MIDDLE	AMIINEK :	LAST	CATE	F DEATH	REG. N	NO.	DAY YEAR	20. 110.11
	TYPE OR PRINT)		TILIAM Jero)mo	T CON TOTAL				ESTI- TH MATED	X		2b. HOU
E FILED WITHIN 72 HOURS 201 W. PRESTON STREET, W. PRESTON STREET, W. W. PRESTON STREET, B. S.	EX	4 RACE	5. DATE OF BIRTH	6. A		UNDER 1 YR.	IF UNDER	24 HRS 2c. D	ATE	MONTH	2-8619 DAY YEA	R 2d. HOU
M	lale	White	6 14		40 YRS.	ONTHS DAYS	Hours		DUNCED	12_1	2-8619	6:50%
	BIRTHPLACE (S	TATE OR	76. CITIZEN OF WI	HAT COUNTRY	? 8. MA	ARRIED NE	VER MARRI	FD A	TIMORE CITY	OR COUNT	TY OF DEATH	03502
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R	Randalls	town	Baltimor	e Co. C	eneral	Hospit	al	FOR MOST OF Disal	CUPATION ITY	PE OF WORK	OR INDUS	BUSINESS
113a	STATE STATE	13b. CO	me or other institution, gr DUNTY Limore	13c. CITY OR Wood	TOWN	13d INSIDE (ITY LIMITS?	13e STREET ADD 7001 I	DRESS Dogwood	Road	21207	
149	FATHER'S NAME		MIDDLE	LAST		IS MOTH	ER'S MAIDE		MIDDLE		LAST	
20	Frank	EVED TO THE	Α.	Leitr			Mary		Ε.		Saffra	n
p 1	NO, OR UNKNO	WN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES) r anly ane cause per line USED BY:	216-4	\$4-53.19			s. Mary ood Road			212 , Maryl	07 and
	17736	1	DIATE CAUSE (a) d i									
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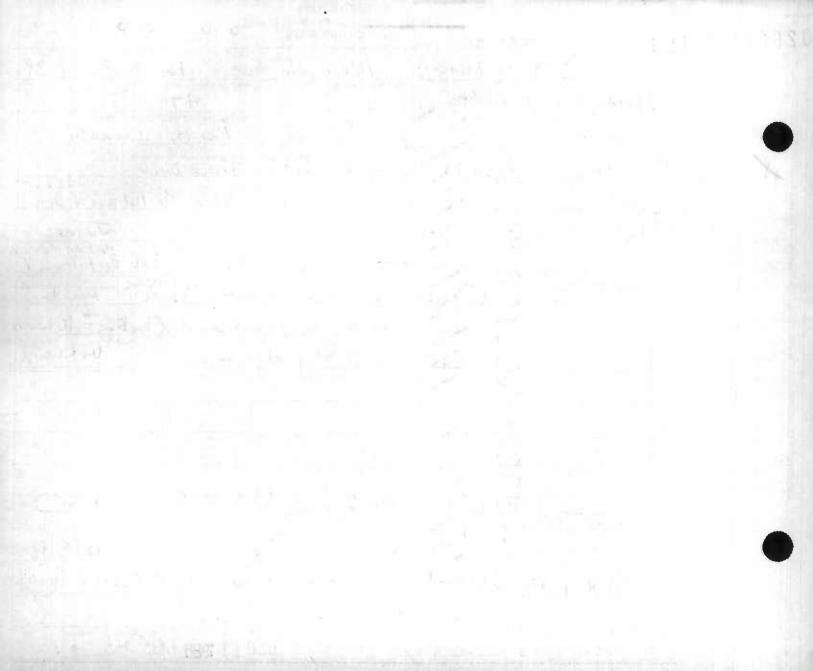




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ADDRESS

FOR

REGISTRAR

Disposal

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15. 4)

To Hosn

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1007, Outio Davidon Bondo

Franklin Square Hospital Center 9000 Franklin

250 DATE REC'D. BY REGISTRAR BY OF PEAD RIGN 211237

11:34pm

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

None

COUNTY

22c. DATE SIGNED

STATE

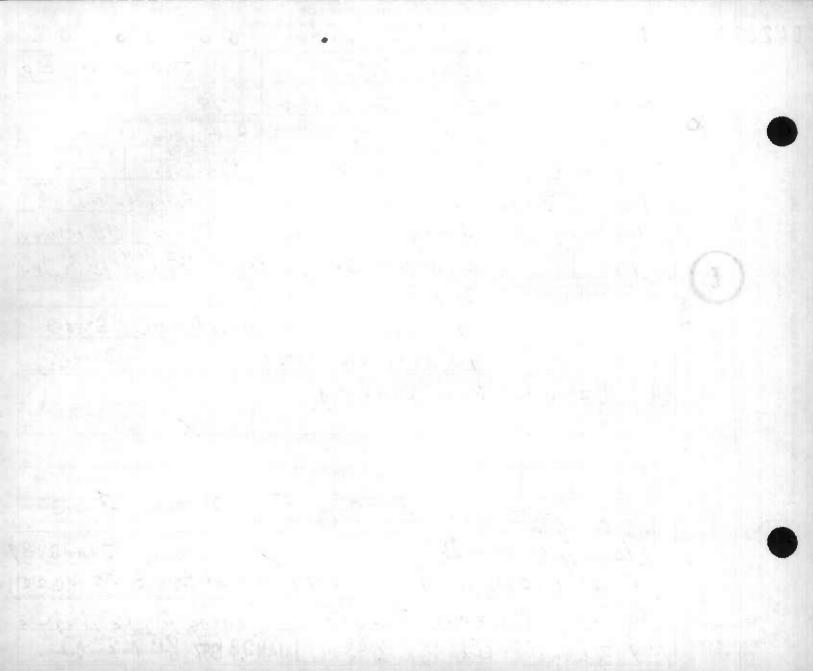
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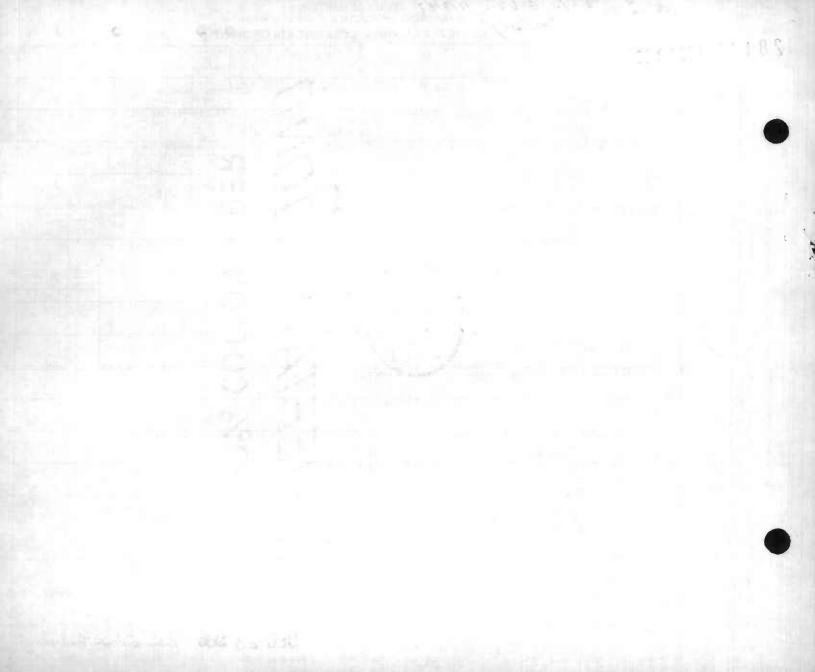




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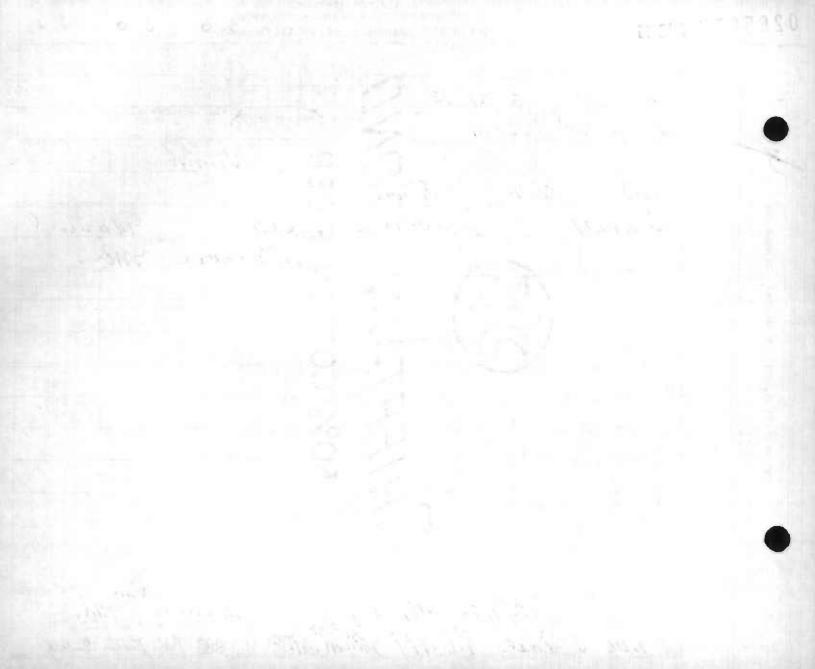
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236. BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE Burial 12-15-86 Loudon Park Baltimore Maryland	ON SHANNING			Margarita	A. Korell, M.D	1.	11 Penn Street	
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Burial 12-15-86 Loudon Park Baltimore Maryland	11616	(SPECIFY)				DR CREMATORY	CITY OR TOWN	
	Annual Control of the					1750 DATE O	Baltimore	Maryland Maryland
DHMH-17 OR ALS ME [5]) 124 FUNERADUGATORUCK Funeral Home of Dundalk, Inc. 1250. DATE REC'D. BY REGISTRAR' 25b. REGISTRAR'S SIGNATURE 7922 Wise Ave Dundalk Maryland 21222		771	a-KUCK F	uneral Hom	e or Dundalk, I	nc.		DIDIKAK S SIDIVATURE



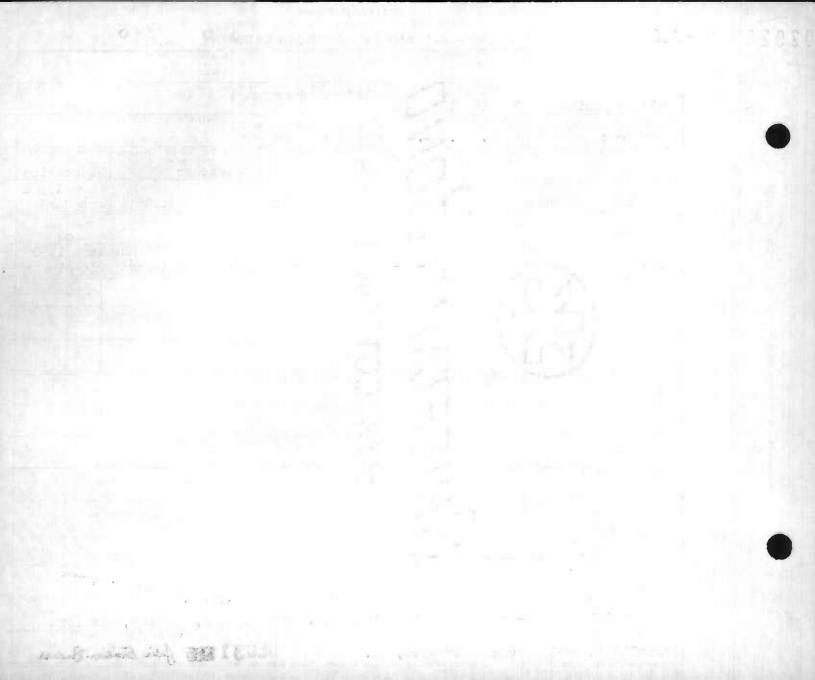
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15	O J U J UE		REGISTRAR	MEI	DICAL EXAMIN	ER'S C	ERTIFICATE C	OF DEATH	REG. NO.	3	-	
16		1 DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE KNO	HTHOM WONTH	DAY	YEAR	26 HOUR
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	X0550	1 SE	X TARACE	5 DATE OF BIRTH	AGE (IN YEA		DER 1 YR. IF UNDER		HTMOM	DAY	YEAR	2d HOUR
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R	FESES	1 ,	Da li imano	(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	L = 1		FOR MOST OF WORKING	(FE)	OR	INDUST	RY
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9	- NEST/	A)A.F	ATHER'S NAME	MIDDLE /	11		15. MOTHER'S MAIDE	N NAME				1
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ALT.	## 5 % Q			WAR OR DATES)			200		1-01	-0		
3	SOFAS						101	work	711		~	
	50360		18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly ane cause per line	far (a), (b), and (c).)					BETW	PROXIMATI	T AND DEATH
2	A E E E E E	1		TE CAUSE (a)	Blunt force	inju	ries to he	ad				
0	ZEORES			DUE TO, OR	AS A CONSEQUENCE C)F						
	EAT NO.		Conditions, if any, which									
	. ~ = = = = = =		gave rise to immediate cause (a) stating the under	<	AS A CONSEQUENCE O	\E					_	
2	B 2 3 7 8 7		lying cause last.	00E 10, 0K	AS A CONSEQUENCE C) F						
	5 2 2 2 2 2			(c)								
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5	SA SE	Ö										
a	347937	CERTIFICATION	19a. DATE OF OPERATION	196 CONDIT	ION FOR WHICH OPER	ATION WA	AS PERFORMED?		3	20. A	UTOPSY	
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0	FPFFFF	1 5	CONTRIBUTING CAUSE OF				bject assa	ulted				
2	AN GENERAL	MEDICAL	11010F	21e PLACE (OF INJURY (AT HOME, ORY, FARM, ETC.)		ATION	CITY OF TOWN	cc	YINUC		STATE
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	RW RW ST. 2		20-1-1-1-1-1-1	641	4 1 4 1 1 1		X Inspection			-		
	MA SOFT		22a. I certify that I taak char	ge of the remains des		Autaps			and in my o	pinian		
	WE WE SEE		death resulted Iram Natu	ral causes L.	Accident , Sui	cide 🔲,	Hamicide X.	Undetermined manne	r 🔲.			
	A VERENE		ACTUAL MOL	16-15	No Ulaste		TITLE (SPECIFY)					
	AHONE"	1	SIGNATURE	dones li	re mu	M.1	Assistant	MEDICAL EXAMINE	R SIGN	ED 12	2/7/8	16
	A SE	10	EVALUEDIC NIAME					2 -				
	DIVISION OF VITAL RECORDS. 201 W. PRESTON ST., TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDIOR" IN PENCIL IN JURAN TO FUNEMAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL -TRANSIT PERMIT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYBIENE, DIRECTOR: MARYLAND. 21201 PRIOR TO BURIAL, CREMATION, OR REMOCALEM.	1	(TYPE OR PRINT) Ma	rgarita A.	Korell, M.	D	ADDRESS	l Penn St.	Balto.M	D.		
	DIVISION OF VITAL RECORDS. 201 W. PRESTON ST., MALTIMORE, MD. 21301 EDICAL EXAMINER: THIS CRETIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PEASE A SHOULD BE FORWARDED TO THE WORD "PENDING" IN PENCIF, MITH FORM PART STATE OF S	23a.B	URIAL, CREMATION, REMOVAL	23b DATE /	23c. NAME OF CEM		CREMATORY	23d LOCATION CITY OR JOWN	Sont	,		
02:0		1	SPECIFY)	12/4/5	- 711+ ·	Pi	11	Marie	71	MIN	ST	ATE
		24. F	UNERAL DIRECTOR	11/1	1	27	C28 250. DATE		Sh REGISTRAR'S	SIGNATI	IRE	
		15	PAME TI	ADDRESS	1 119	19	DEC	0 4000		-4		
	(VK A15 ME (5))	14	effect of le	rest 1	10111	11/11/1	ALL LING TIEL	9 1986 A	ulia Daoida	m.Ka	adaes	b



	1.	FOR STATE REGISTRAR			T OF HEALTH AN ERTIFICATE O	ID MENTAL HY	GIENE 8 6	. 3 (5 /	0 8
		CEASED NAME FIRST	MIDDLE		LAST		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
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g 50 P		RTHPLACE (STATE OF FOREIGN COUNTRY)	TE CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED NEV		9 BALTIMORE CITY		DEATH	
neroll n 72		COUNTRY)			IDOWED	DIVORCED &	Baltimo	re City		M
by the fur		ITY OR TOWN OF DEATH Baltimore	11. NAME OF HOSPITA! (IF NOT IN SUCH FACILITY, Marylai	NURSING H	OME OR OTHER I	NSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O	OF WORKING LIFET	NDUSTRY Railre	F BUSINESS OF
24 hours filled in by bould be filled must be an important to the second	130.	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION, GIVE RESID	OR TOWN	(ISSION)	E CHY LIMITS?	13e STREET ADDRESS 412 Park	ZIP CODE Ave. 21	201	
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Physical medicol		WAS DECEASED EVER IN U.S. ARA YES, NO OR UNKNOWN) (IF YES, GIVE IInkn	WAR OR DATES)	IAL SECURIT		MANT	ADDR	SS		
10 10 10	-	18. CAUSE OF DEATH (Enter onl		-09-116					APPROXU	MATE INTERVAL
uhico month vent,		DADT I DEATH WAS CALISED) RV.			Pulmona	ary disease.	with	BEIWEENC	INSE! AND DERTH
quires that the death or signed by the attending hen please remove cort to build, cremation, or item, or ather troumatic	NO	gave rise to immediate cause los, stating the underlying cause lost. PART 2. OTHER SIGNIFICANT C		is, sec	ondary t			IDITION GIVEN	IN PART Ito	
in: The law renysician. rouse has been renset permit. Hygiene prior 18 shaws any ir	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OP	ERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	IG CAUSES	
Ad Fige E		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT			YEAR	V INJURY OCCUR	RRED (ENTER NATURE OF INJU	RY IN ITEM TB PART 1	1 OR PART 2)	
DING PHYSIC or offending After this ce e as the buric olth and Meni marked ar the	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR (AT HOME STREET, FACTO	RY, OFFICE, FARM	211 LOC	ATION REET	CITY OR TO	JWN	COUNTY	STATE
OR ATTEN bospital DIRECTOR: ched for us Dept. of Hem 21 is		220.1 certify that (1) (this hospit saw the deceased alive an above, the (we) (did) (this pay 22b. SIGNATURE	December 2	6 19 8	DEGREE	(our) apinion	death occurred on the d	ate and haur on	86. tod Irom the o	causes stated
TO HOSPITAL (retained by the retained by the TO FUNERAL (should be deto with the State (IMPORTAN); If		22d PHYSICIAN'S NAME (14PE OR Mpn-Do	or KIOU	ne		RESS Marylar	DIRECTOR PHYSIC	1	100	-6-01
BP		BURIAL, CREMATION, REMOVAL (SPECIFY) REMOVAL	12-29-86	23c. NAA	NE OF CEMETERY (OR CREMATORY	236. LOCATION CITY OR TOWN		OUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME Anatom	y Board	ADDRESS B	alto., Mo	1. JAN	VE T 4 1987	25b. REGISTRAP	S SIGNATI	PLEAT.

CT 4 TF OF 10 4 DV 4 4 NO.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UREGISTRAR L DECEASED NAME 20. DATE KNOWN TE MONTH 7h HOUR (TYPE OR PRINT) ESTI-CUSHING ROBERT DEATH MATED 12 29 19 86 L. SEX 4 RACE DATE OF BIRTH & AGE IN YEARS IF UNDER 1 YR TIE UNDER 24 HRS 2d. HOUR DATE MONTH YEAR LAST BIRTHDAY) MONTHS PRONOUNCED 12,55 A M 14 Male 1932 White DEAD 1986 To BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY New York S. WIDOWED TO Baltimore City DIVORCED B. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore St. Agnes Hospital Teacher Education USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE THE COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY FINITS? 13e STREET ADDRESS New York Broome Chenango Box481A Port Road YES 🗍 NOXXX 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Bernard Cushing Cook Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS New York 1390 YES, NO, OR UNKNOWN) LIFYES GIVE WAR OR DATES! 101-26-7698 Roberta Cushing Box481APort Road Binghamp 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION WARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A TATE DEPARTMENT OF HEA 21201 PRIOR TO BURIAL, C 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO X 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR WEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT NOT WHILE STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR; PAFIER DEATH, WITH THE STANDORE, MARYLAND, 2 Inspection X 220. I certify that I taak charge of the remains described above, held an Autopsy Natural causes K death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE 12-29-86 MD Assistant SIGNATURE EXAMINER'S NAME William M. Zane, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINTI 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY Burial Vestal Hills Mem. Park Vestal. Broome, New York 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D BY REGISTRAR 1256 REGISTRAR'S SIGNATURE Marzullo Funeral Service Upperco. MD. FUR A 15 ME (51)



STATE OF MARYLAND 028845 JAN 15 DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATHO 20 DATE KNOWN DECEASED NAME 2h HOUR (TYPE OF PRINT) EST1-Destefano 3rd DEATH MATED 2/27/19 86 Louis 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. DATE OF BIRTH DATE 24 HOUR LAST BIRTHDAY PRONOUNCED DEAD Male Oct.20,1964 White 12/27/1986 BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIEDX FORWARY Tand TISA WIDOWED -DIVORCED Baltimore City 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Laborer Balto.Md. Construction 13a. STATE 136 COUNTY 134 INSIDE CITY LIMITS? 130 STREET ADDRESS 13c CITY OR TOWN Raltimore Maryland YES VIV NO 110 Burnett St. Ralto . Md 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST Destefano.Jr Louis Robertson Edna 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES GIVE WAR OR DATES) Balto.Md 217-78-7432 Mr. Louis A. Destefano. Jr 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART | DEATH WAS CAUSED BY: Gunshot Wound of Chest IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 I.O. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 📉 NO VARDED TO THE CHACK AGE 3 SHOULD BE I 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 6:2088 12/27/19 86 subject shot 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK 1224 Hull St., Baltimore City, Md. house TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: P. AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2 Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Inquiry and in my opinion Homicide X death resulted fram: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 12/27/86 D Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Smyth, M.D. 111 Penn St. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 12/30/86 Holu Cross Cemt. Balto.A.A.Co.Md. 07/84 25M 24 FUNERAL DIRECTOR Balto .Md .21230 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Funeral Home. 130 F. Fort (VR A15 ME (5))

BP_

DHMH - 16 60M 7/8 (VRA 15, 4)

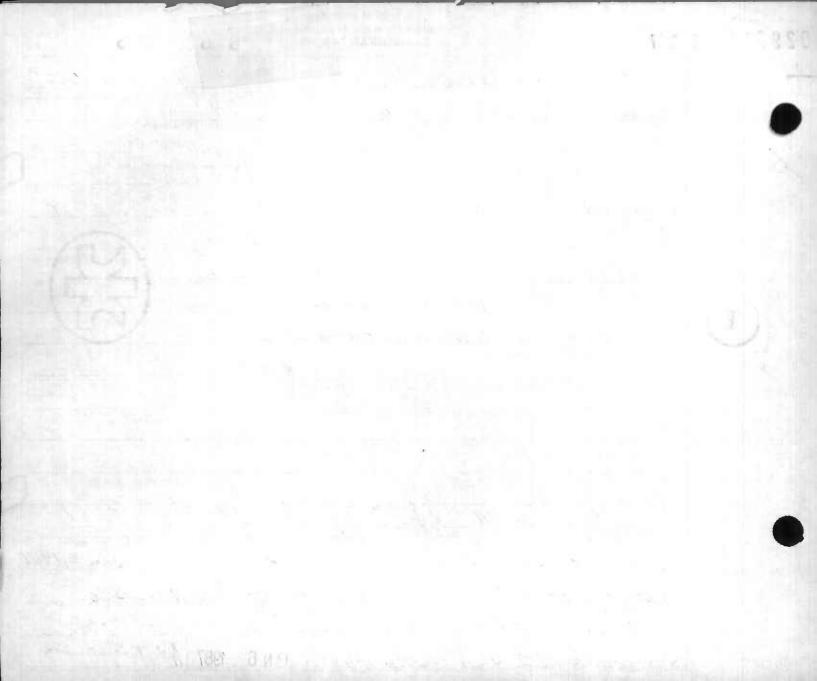
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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TE OF DEATH MONTH	DAY	YEAR	26 HOU	R

	CREGISTRAR		CERTIFIC	ATE OF DEATH	8 REG. NO	o. 3	0 /	1
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	OTIS G.	DICKERSON	SR				1-86	0:00
3 SE	EX	1 RACE	5. DATE OF E	OAY YEAR_	6. AGE (IN YEARS LAST BIR	THOAY	IF UNDER I YEAR	HOURS A
-	MALE	(04	1	-7-02	84	YRS		
70 B	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	12 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
7	PENNA	U.S.A	WIDOWED [BALTIME	RE (CITY	
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR	THER INSTITUTION	12a USUAL OCCUPATI	ON	126 KIND O	F BUSINESS
X	BALTIMORE		(UUDD)	Pury	TIPE OF WORK FOR MOST OF		i) INDUSTRY	
	JAL RESIDENCE HE NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE BEFORM 131_CITY OR TO		INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE		
11	MARYLAND -	BALTIMO		ES NO	17///	1000 /	Pury 2	1229
14 F	ATHER'S NAME	MIDDLE LAST		MOTHER'S MAIDEN NAM			/	
1		SON		AQUILLA	SIMMO		LAS	
	WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17	INFORMANT	ADDRE	SS	2	1229
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	IMMEDIA	TE CAUSE (o)						
		DUE TO, OR AS A COMISEO	UENCE OF	dementia			N. Wallet	
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	underlying cause last.	((c)		- 20		23411		74 M
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CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	AVAS DE DE OPARED	20a AUTOPSY?	Tank IE VES	, WERE FINDIN	ICC LICED
1 0	THE DATE OF CHERATION	178 CONDINGINION VINC	THO ERAHOLT	VASTERI ORMED	200 8010751.	IN CERTIFY	YING CAUSES	OF DEATH
E					YES NO	YES	5 🗌	NO [
7 %	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	2	ICHOW INJURY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PA	ART 1 OR PART 2)	
el l	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR					
		R) P.M.	10					
₹ N	(IF EITHER NOTIFY MEDICAL EXAMINE	F./VI.	19					
EDICAL	216 INJURY OCCURRED	21e PLACE OF INJURY	2	IL LOCATION	CITY OR TO	WN	COUNTY	STA
MEDICAL	21d INJURY OCCURRED		2	I LOCATION STREET	CITY OR TO	wn	COUNTY	STA
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	- 1	STATE OF MARYLAND	
		1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 GEG. NO. 3 6 /	12
1296	5 9	DECEASED NAME Annite Magdalena Eberts 20 DATE OF DEATH 2/26/86 YEAR 12-26-86	8:50° gm.
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d within	1	Henry Christian Charlton Matilda M. Lohmuller	ST
	2	160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 212-03-3390 17 INFORMANT ADDRESS Dr. John L. Charlton Jr. (as above	ve)
		18 CAUSE OF DEATH lEnter only one couse per line for (o), (b), and (c), PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a), CENTROVOSCUCON ACCIDENT.	MATE INTERVAL ONSET AND DEATH
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TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I	T CK	274 PHYSICIAN'S NAME (TYPE OR PRINT) M-C-KOWALE WSICI 226. ADDRESS 8604 HARFORD Kel 21234	,
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DHMH - 16 50M 4/1 (VRA 15, 4)	83	24 FUNERAL DIRECTOR Charlton Schweiger F.H. 2007 Eastern Ave 250 DATE REC'D. BY REGISTRAR' 250 REGISTRAR'S SIGNAL JAN 20 1987 Julia Diridan.	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O I. DECEASED NAME 20. DATE KNOWN MONTH (TYPE OR PRINT) OF ESTI-GARRY J. FRAZIER 12 26 19 86 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE 20 PRONOUNCED 3:01 AM Nov 5, 1966 Male White DEAD 26 19 86 70 BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIE Balto, Md. U.S.A WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 20 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Pvt. U.S. Marine Corp. OR INDUSTRY Baltimore rear of 4006 Hickory Ave. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland 13. 727 West 34th Street (21211) 136 COUNTY Baltimore 13d. INSIDE CITY LIMITS? YES NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Josephine Garv Vernon Frazier Winemiller 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO **ADDRESS** (YES, NO, OR UNKNOWN) 215-96-7424 Yes Gary Frazier- 727 West 34th Street 21211 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DEFER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LO CERTIFICATION FIND CONTROLL OF THE WESTING THE WERNARDED TO THE CHIEF ME RE PAGE 3 SHOULD BE USED AT STATE DEPARTMENT OF HEAR CONTROLL OF THE MEAN OF T 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH XM 12-26- 1986 Subject hanged self. 21e PLACE OF INJURY (AT HOME II LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK STATE 4006 Hickory Ave., Balto. rear of MD MARYLAND. 220. I certify that I took charge of the remains described above, held an Inquiry EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FI TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAN death resulted from Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy ChiefDICAL EXAMINER 12-26-86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢ NAME OF CEMETERY OR CREMATORY Burial 12/29/86 Balto Co., Maryland Poplar Grove Cem BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** Salia Divideon Pendaca A. Alan Seitz Funeral Home 3818 Roland Ave (VR A15 ME (5))



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48 FEB		FOR STATE REGISTRAR			HEALTH AND MENTAL HY FICATE OF DEATH	GIENE REG. NO	3 6	, 1 4
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ched for use as the outlan-roast per lopt of Health and Memfol Hygiene Hem 21 is marked or Item 18 shows.		190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER NOTIFY MEDICAL EXAMINE 210 INJURY OCCURRED WMILE AT WORK AT WORK 220.1 certify that (1) this hasp saw the deceased alive as above (1) we) (did) (did no 220. SIGNATURE 220. PHYSICIAN S NAME (TYPE OF	21b. TIME OF INJURY HOUR A.M. MO P.M. 21a. PLACE OF INJURY (AT HOME STREET, FACTOR 11 7 7 6 11 7 7 6 11 7 7 6 11 7 7 6 11 7 7 7 11 7 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11 7 11	R WHICH OPERATION - ULLY OF NTH DAY YEAR 19 Y NY, OFFICE, FARM, ETC.) ed from 7/8	216. HOW INJURY OCCUP 216. HOW INJURY OCCUP 216 LOCATION STREET 216 LOCATION DEGREE ATTENDING PHYSICIAN 226 ADDRESS	200' AUTOPSY? YES NO RED (ENTER NATURE OF INJUR CITY OF TOV to NOWER death accurred on the da MEDICAL STAF DIRECTOR PHYSIC	20b. IF YES, WERE FINCERTIFYING CAI YES VN COUNT VN COUNT The and have and from FAN 22c. D Suite	NDINGS USED USES OF DEATH? NO That (I) (we) lost the causes stated of the Causes stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 D REG. NO. 3 6 / 1

Asia Sindry Pondace

	0		MIDDLE			20 DATE OF DEATH		DAY YEAR	26 HOUR
(! THE	Alfred		T.	Ha	lstead	December	8. 198	86	
3. SEX		4 RACE		5. DATE O	OF BIRTH	6 AGE JIN YEARS LAST	BIRTHDAY	IF UNDER I YEAR	IF UNDER 24 HRS
Ma	ale	White		July	1, 1910 16AR	76	YRS.	MONTHS DAYS	HOURS MIN
o BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIET	D NEVER MARRIED	9 BALTIMORE CIT	OR COUNTY	OF DEATH	
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No		E WAR OR DATES]	217-14-1	430	Mrs. Shirle	y Jean Dau	gherty		ld. 210 lesapeal
Ī	18 CAUSE OF DEATH Enter on PART I. DEATH WAS CAUSE	nly ane cause per D BY: TE CAUSE (0)	line for all, (b), one	TE 1	Myo CHOMPH	INFA	region	BETWEEN	MATE INTERVAL ONSET AND GEAT
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TION	cause (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT ((c)	ONTRIBUTING TO D	DEATH BUT		NINAL DISEASE OR CO	ONDITION GIV		
TIFICATION	cause (o), stating the underlying cause last.	(c)	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	(20b. IF YES	, WERE FINDI	NGS USED
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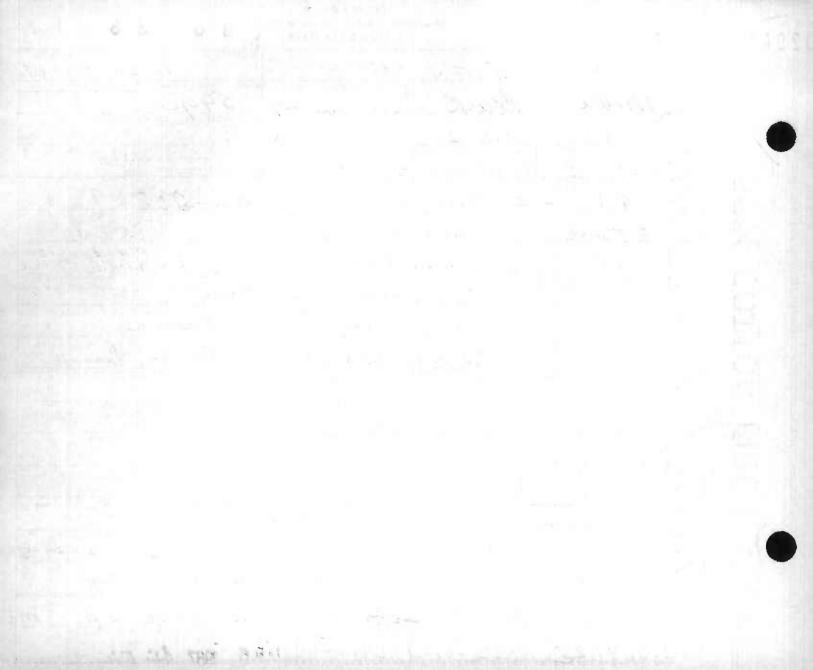
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21201 ANY	AND 3 TO THE FUNERAL DIRECTOR. RETAIN PAGE 5 POR YOUR FILES. SHOULD BE FILED, WITHIN 72 HOURS RECORDS 201 W. PRESTON STREET,	13a S		13b COUN		13c CITY	ortown	ON)	13d. INSIDE (ITY LIMITS? YES NO [13e. STREET	ADDRESS th Vin	cent S	treet	
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9	BATO PAGE	230 B	URIAL, CREMA	TION, REMOVAL	23b. DATE	123c	NAME OF CE		R CREMATORY	23d. LOCA				
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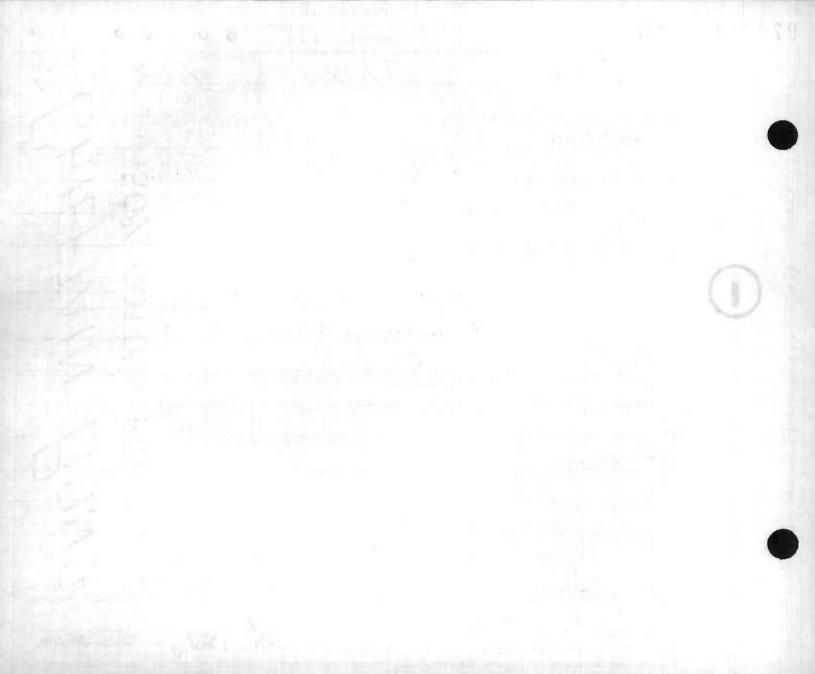
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29	4 3 0 JAN -1	8	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	. e.e		CEASED NAME FIRST	MIDDLE LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
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	th. Po		IRTHPLACE (STATE OR FOREIGN 71	6. CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
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	I ter ter	10.0	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATION 128 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY
5 7	S of Fled	1	ALTINU A	Liberty Medical Clan	4n em el 04 e 6.
2120	s hour	13a	AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Y 136. CITY OR TOWN 136. INSIDE CITY LIMITS?	130 STREET ADDRESS AZIP CODE
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RYL	orthur 12 sh	14_F	ATHER'S NAME	IDDLE LA	ME MIDDLE LAST
WA	B TO SEL		Edward	HOPKINS MARTH	Downs
IMORE,	dicol dicol		WAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE		ADDRESS ANNEPULIS
IWO	Poor H		NO	219-16-1082 Ohn B, H	OPKING - & Wellinglon PLACE
BALI	sicro		18 CAUSE OF DEATH (Enter only	one couse per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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			BURIAL, CREMATION, REMOVAL	236 DATE 231 NAME OF CEMETERY OR CREMATORY	23d LOCATION COUNTY STATE
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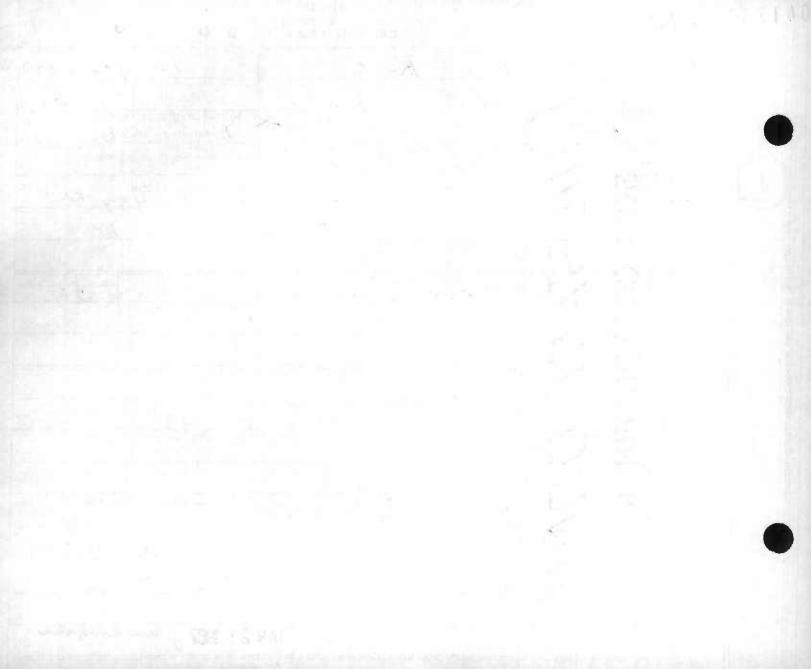
Balto., Md.

Anatomy Board

(VRA 15, 4)



4 1 7 9 1 JAN 27	97	FOR STATE	DEPART	MENT OF HEAL	MARYLAND TH AND MENTAL HYC TE OF DEATH	GIENE 8 6	36/	1 9
y be desirth		EASED NAME Baby	Girl /	FERR		REG. NO 20. DATE OF DEATH MONTH	13/86	2630M
Page 4 ma director, p		FEMALE RTHPLACE (STATEORFOREGN 76.0	Black CITIZEN OF WHAT COUNTRY	5. DATE OF BI	3 / 86	6. AGE (IN YEARS LAST BIRTHDAY) 9. BALTIMORE CITY OR CO	MONTHS DATE	HOURS MIN.
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		AL RESIDENCE (IF NURSIN HOME OR OTHI	Sinai	HOSP !	INSIDERITY LIMITS?	13e SUREET ADDRESS / ZIP		421215
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

6_{REG. NO.} 3 6 /

Julia Deador Res

REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
PREL	ERICK, Andrew	KESTLER, JR	Ze DATE OF DEATH WORTH	24 86 10.19 f
Male	White	MARKEN 1927	6. AGE 194 YEARS LAST BRITIDAY!	FUNDER LATE HOURS WEEK
Maryland	U.S.A.	MARRIED NEVER MARRIED WIDOWED DNORCED	BALTIMORE.	
BALTIMORE	ST. AGNES HO	ORESS)	Policeman	In KIND OF BUSINESS OF BUSINES
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Frederick A			MODLE	Davis
	RMED FORCES? IM. SOCIAL SECURI IN WAR ON DATES II 217228727		ylor, 4810 Ha	21206 milton Ave. 3
PART 2: OTHER SIGNIFICANT IN. DATE OF OPERATION 21st ACCEPTAL WAS UNDERLITHED	CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO THEFER	70s AUTOPSY7 786 F	GIVEN IN PART 1/6 YES, WERE FINDINGS USED REIFYING CAUSES OF DEATH?
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Emilleur	Fathefol		MEDICAL STAFF DIRECTOR PHYSICIAN	ZN. DATE SIGNED
Fren Kumak	TAMERACA	TO Granes	Hoor loo Can	astore
Burial Burial		me of cemet Veterans arrison Forest	Owings Mill	s, Balto. Mo

"ROBERT"C. ALTENBURG FUNERAL HOME, INC. 6009 Harford Rd., Balto., Md. 21214

DHMH - 16 60M 7/84 (VRA 15, 4)

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		FOR	DEPAR	TMENT OF HEALTH AND MENTAL HYG	GIENE (N	7 6 1 7
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the fee	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSIN
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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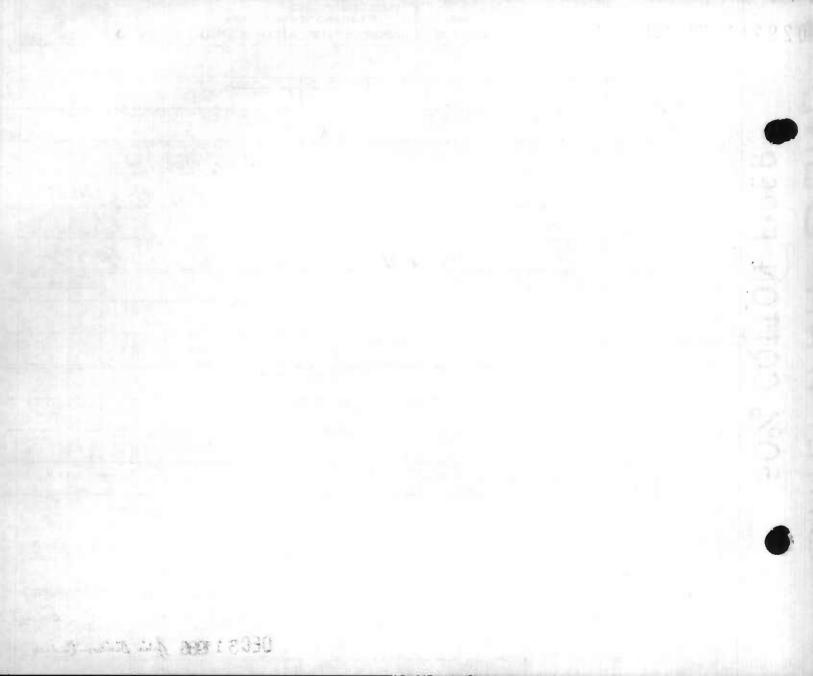
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FEB11 887 July 2011

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rely 2 st	H. F.	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MA		LAST				
W P DOO		Richard	Pierce	Rose	MIDDLE	[43]				
ORE,	160	WAS DECEASED EVER IN U.S. AT	RMED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	3805 ADDI	Gough St.				
P P O		Jnkn.	220-14-	2366 Mr. R	alph Pretty	Balto., Md.				
popers noval.		18 CAUSE OF DEATH (Enter of	nly one cause per line for to 1, (b), o	nd ic		APPROXIMATE INJERVAL BUTWEEN ONSET AND DEATH				
on po emo	17	PART I. DEATH-WAS CAUSI		mary Arre	st	10 min				
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RESTON e death catendia nove carb ofton, ar-	2	Conditions, if ony, which	(1b) Aspi	ration Preum	ma	School School School				
er the the		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	JENCE OF	1 11 . 1					
or oth		underlying couse lost.	(10) And	oxic Encephal	overthe 2 dr	purmia (HHg/8, 1986				
2 9 9 9 5	-	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR COM	NDITION GIVEN IN PART 110				
2	è	Alcoho	lism							
low low	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	HOPERATION WAS PERFORME	D 200 AUTOPSY?	206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?				
Ar Cronner Ar	1 2				YES NO	YES NO				
> Z & S O I W		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		PAY YEAR 21t HOW INJUR	Y OCCURRED (ENTER NATURE OF INJ	URY IN ITEM 18 PART T OR PART 21				
ON OF IT SICIA Is certification of the Mentol- or frem	SAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19						
ING PHYS Outer this cost the burnthood Me	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC) 211 LOCATION STREET	CITY OR I	OWN COUNTY STATE				
DIVI NG Ther office of the orthogonal of the ort		AT WORK NOT WHILE AT WORK								
O O E			ital) attended the deceased from	Nov. 18,		, that (we) last				
OR ATTEN OR ATTEN DIRECTOR Sched far u Dept of Hem 21 is			of view the bady after death.) opinion death occurred on the o	date and hour and from the couses stated				
OR A DIREC Oched Dept		22b. SIGNATURE	at old in	DEGREE	NDING MEDICAL STA	274. DATE SIGNED				
TALOR A Post of the host of th		1	olin Hoh, M	PHYS	SICIAN DIRECTOR PHYSI	AFF 12/31/86				
HOSPITAL med by the FUNERAL UID be dest		THE PHYSICIAN'S NAME THE	T I I I	22e ADDRESS	- 10 1	D 110 . 15				
TO HOSPITAL Of HOSPITAL OF FUNERAL Bround be detail with the State MPORTANT: If			John Hoh, N		Eastern Ave	Baltimore, MD				
	230. [BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREA	MATORY 23d LOCATION	COUNTY STATE				
BP	_	Removal	1-3-87							
DHMH - 16 60M 7/84	74 F	UNERAL DIRECTOR	ADDRESS		250 PATE REC'D BY REGISTRAT	R 256 REGISTRAR'S SIGNATURE				
(VRA 15, 4)		Anato	my Board	Balto., Md.	7/11/2 2 300/	4				



9510 JAN	19	EOR 2/13/89 J REGISTRAR	PER PHENE	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	3 6	1	2/		
m.s		CEASED NAME FIRST	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY	200	2b. HOUR		
poge 3		foull	Baby Boy		1	19 78 80 19:32 W				
8	3 SE	X	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		INDER I YEAR	HOURS MIN.		
ge 4 ector		m	B	19 72 86		YRS.		1 19		
h. Po	JAP.B	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	FDEATH			
deot deot	7	Maryland	USA	WIDOWED DIVORCED	Silli	nore U	Ny.	MD.		
by the f	10.0	Delinore /	(IF NOT IN SUCH FACILITY, GIVE STREET Whiles H		12a. USUAL OCCUPATI	ON F WORKING LIFE)	12b. MND OF	BUSINESS OR		
filled in hould be	130.	Med. 131/20UM	OTHER INSTITUTION GIVE RESIDENCE BEFORE NTY OR TOW	N 134 INSIDE CITY LIMITS?	13. STREET ADDRESS	ZIP CODE	ethi	9ve.		
ed within	14 F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME MIDDLE		ŁAST			
Poges		WAS DECEASED EVER IN U.S. AR YES, NOOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU	RITY NO. 17 INFORMANT	ADDRE	SS				
ote b sicion of.	F	18 CAUSE OF DEATH (Enter on	nly one couse per line for (a), (b), and	d (cs.)			APPROXIA BETWEEN O	MATE INTERVAL		
phy phy phy emov		PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Ruenarium 1 15 min								
in ce	-	DUE TO, OR AS A CONSEQUENCE OF								
1/10/1		Conditions, if ony, which	Kningala (d)	wide sibras + gra	ne.					
		gove rise to immediate couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEQUE	ENCE OF						
sight The prior	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
he law range. has been the priorient	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b IF YES, WERE FIN IN CERTIFYING CAU YES NO YES YES			INDINGS USED USES OF DEATH? NO		
SICIAN: T ng physici certificate urial-transi vental Hygi		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	YEAR 19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART	I OR PART 2}			
DING PHYS	MEDICAL	21d INJURY OCCURRED WHILE OT WHILE OF WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTOR) OFFICE, F		CITY OR TO	WN	COUNTY	STATE		
TTEN Pirol for us of He		22a I certify that (I) (this hospital) attended the deceased from 12 27 86 N.150 19 86 to 12 27 86 Not (I) (we) lost sow the deceased alive on 12 27 86 Not (I) (we) lost obove, (I) (we) (did) (did not) view the body after death.								
OR A bose bose bose bose bose beet.		22b. SIGNATURE		DEGREE			22c. DATE S	IGNED		
7 4 7 4 9 4		M Llins M)		MEDICAL STAP	IAN D	12/3	8/86.		
O HOSPITAL TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME (TYPE O		22e ADDRESS	of one H	Lúgeo	2			
D € C € ₹ ₹	23a.	BURIAL, CREMATION, REMOVAL (SPECEY) Removal	23b. DATE 23c. N	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	e	OUNTY	STATE		
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			TE REC'D. BY REGISTRAR					
(VRA 15, 4)		Anatomy F	Board	Balto. Md. JAI	N 0 8 1986 1	Julia Di	widon.	andall		



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATHS REGISTRAR TIPE OF PRINT 20. DATE KNOWN DAY 2h HOUR OF ESTI-FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
ET, WITHIN 72 HOURS UNA BELLE PRITCHET DEATH MATED 4 RACE 3 SEX DATE OF BIRTH 6. AGE I IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE MONTH DAY YEAR LAST BIRTHDAY PRONOUNCED 12-18-86 DEAD emale White 18 68 YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Baltimore City WIDOWED XX DIVORCED Carolina ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Johns Hopkins Hospital Waitress AND 3 TR PAGES I AND 2 SHOULD B USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 13. STREET ADDRESS Balto., Md. 13a. STATE 13h COUNTY 13c. CITY OR TOWN Balto. 201 N. Broadway-Apt. 3N Md 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Beck Andrews Henry Josie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Rt.1-Box 316ADD Hagerstown, Md. (YES, NO, OR UNKNOWN) I LIF YES, GIVE WAR OR DATES! #21740 Wanda C.Myers 238-14-1088 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVA BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PARI 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF NO X 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY LATHOME 21f. LOCATION EXECUTE THE CERTIFICATE WRITH PAGE 4 SHOULD BE FORWARDE TO FUNERAL DIRECTOR: AGE 3 AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OF TOWN WHILE AT WORK COUNTY STATE 220. I certify that I took charge of the remains described above, held an and in my opinion Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL DATE 12-19-86 Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. ADDRESS 111 Penn Street (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236, DATE 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION N.C. 12-24-86 Burial Gilmore Mem. Pk. Cemetery Julian, 07:84 BP 25M 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))

08.0 % 2 19.00 Mar present -

BP.

DHMH 16 60M 7/84

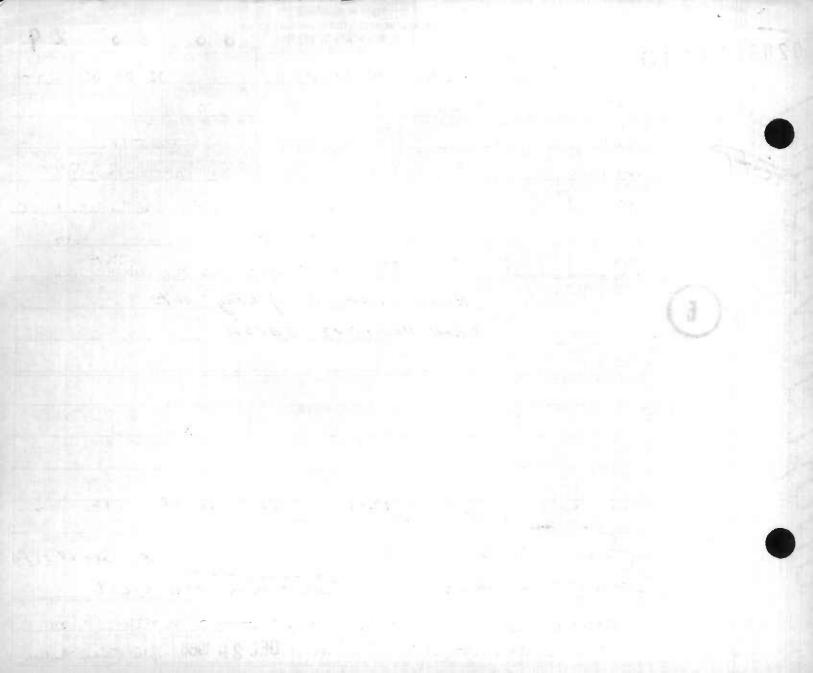
(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

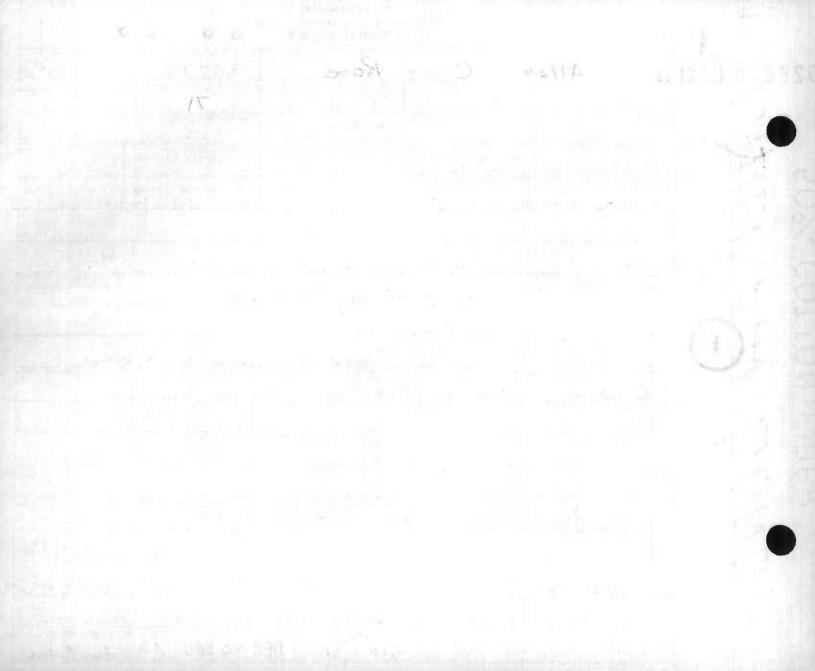
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	1-	FOR STATE REGISTRAR		DEPARTM		EALTH AND A		B Q _{EG}	3	6	2	9
603	DE	CEASED NAME FIRST	MI	DDLE	ı	AST	0 = 0	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOU	JR
	of Link	WILLI	AM	MTCHAET		RETCHER	r. SR.		12	28 86	8.00) DM
	3 SEX		4 RACE	THEIR	S. DATE C	OF BIRTH		6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YE	AR IF UNDER	
	-	Male	White		MONTH		26	60	YRS.	MONTHS	HOURS	MIN.
1	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8 AA A DDIE	D (3 NEVER A		9 BALTIMORE CITY		Y OF DEATH		
2.		aryland	U.S.A.		WIDOWE		ORCED	Baltim	ore c	itv		MD.
n	10 CI	TY OR TOWN OF DEATH		OSPITAL, NURSING		OR OTHER INST	ITUTION	12a USUAL OCCUPAT	ION	12h MINIE	OF BUSIN	ESS OR
1		Baltimore	St. Ac	mes Hosp	ital			Driver Sa		n Text	Coyne	3
	USU/ 13a S	AL RESIDENCE (# NURSING HOME OR TATE 136 COUN		IVE RESIDENCE BEFORE		1 13d. INSIDE CI	TY LIMITS?	13e STREET ADDRESS	/ ZIP COD)F		
1	M	laryland		Baltimor		YES 🙀	NO 🗌			hts Av	e. 2	1229
1	14. FA	THER'S NAME	MIDDLE	TAST		15. MOTHER'S	MAIDEN NA	ME			LAST	
100		Daniel	E.	Reicher	t		Atherin	ne	HIE		Bare	
7		VAS DECEASED EVER IN U.S. AR	MED FORCES? 1	66 SOCIAL SECUR	RITY NO.	17. INFORMA	VT	ADDR	ESS	21229		
		YES W		219-20-5	444	JoAnn	Reiche	ert 1235 Pi	ne He	ights	Ave.	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one cause per li	ne for (a), (b), and	Ich.I					BETWE	OXIMATE INTE	RVAI DEATH
9	1		E CAUSE (a)	Adenoca	ncin	omn C	2 01	Lung T Me	15.			
1	1		DUE TO, OR	AS A CONSEQUE	NCE OF			2010				
-	254	Canditions, if any, which gave rise to immediate	(b) G	RAM No	EG14	7108	SEF	2.72.				
	d	cause (a), stating the underlying cause lost.	DUE TO, OR	AS A CONSEQUE	NCE OF							
			(c)									
	N	PART 2. OTHER SIGNIFICANT C	ONDITIONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATED	TO THE TERM	INAL DISEASE OR COM	NDITION GI	IVEN IN PART	110.	
-	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITI	ON FOR WHICH O	OPERATIO	N WAS PERFO	RMED	20e AUTOPSY?	20b IF YE	ES, WERE FIN	DINGS USF	D
1	IFIC							YES TO NOW	IN CERT	IFYING CAUS		TH?
w 150	CERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF			21c. HOW IN.	IURY OCCURE	RED (ENTER NATURE OF INJ				
3		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M.	. MONTH DA	Y YEAR							
7	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF	FINJURY		211. LOCATIO	N		_			_
	¥	WHILE NOT WHILE D	I AT HOME STREE	T, FACTORY, OFFICE, FA	RM ETC)	STREET		CITY OR TO	OWN	(OUNIY		TATE
		22a.1 certify that (\$ (this hospi	ol) attended the	deceased from	12	. /	19 86		8	19 16	_, that (l) () last
		sow the deceased alive an abave, (1) (we) (did) (did)	17 · 58	tor death	a, ar	nd that in (my)	cur) apinian i	death occurred an the c	lote and ho	ur and from t	he causes st	ated
	1.3	226. SIGNATURE	Wew me body di	ner deam.		DEGREE				22c. DA	TE SIGNED	
		Teven /	Inher		M. i) A	TENDING HYSICIAN	MEDICAL STA	CIAN X	De	29/	5 96
		224. PHYSICIAN'S MAME (TYPE O	PRINT			1220 ADDRESS						
		STEVEN J.	GRUB	13				our ME	20	122		
	23a B	STEVEN J.	GRUB 23b. DATE		AME OF C		LTIM		20	ul.		
	230 B	STEVEN J. SURIAL, CREMATION, REMOVAL SPECIFY Cremation		23c N		13A	REMATORY PSS Cre	23d LOCATION CHYOR TOWN	nsvil	le Bal	timore	STATE Md.
	24. FL	SPECIFY)	12/31/	/86 Se	curit	13A EMETERY OR C	REMATORY PSS CYC	23d LOCATION CITY OR TOWN PMTORY CATO EREC'D. BY REGISTRAL	nsvil	le Bal	timore	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE PETATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PROJECT Wilbur Harry Rorabaugh IF UNDER I YEAR 1 SEX #: RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHWAY IF LINDER 24 HR HTHOM ALVE Male White BINTHPLACE PRIATEDETONICO Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED ennsylvania 11. NAME OF HOSPITAL NURSING HOME OF THER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET AN (TYPE OF WORK FO MOST OF WORKING LIFE) INDUSTR Loch Raven Veterans Administration Painter Un i/on SOAL RESIDENCE IF Je STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE E FATHER'S NAM 15 MOTHER'S MAIDEN NAME Ethef MIDDLE Blair Frank Rorabaugh 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT 35 11 54th Avenue (IF YES, GIVE WAR OR DATES) Louise Rorabaugh Yes WWII 579 10 2099 WWII Hyattsville, Md. 20784 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ic-PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse total stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse fast PART ? OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 190 DATE OF OPERATION IN COMOITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21s. ACCIDENT WAS LINCHREYING. [" 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING [] CAUSE OF DEATH OF EITHER HIDSEY MEDICAL EXAMINER: 714 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) NOT WHILE I 22a.1 certify that (1) (this haspital attended the deceased fram. saw the deceared alive an abave 11 (we) did did not view the body after death. and that in (my) (our) apinian death accurred on the date and have and from the causes stated DEGREE THE DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 1-014 33a BURSAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 12/15/86 Md. Vet. Cem. Chelten. Cheltenham Francis GAsch's Sons Fune Avenue Hyattsville, Md 25 DAJE REC D. BY REGISTRAR 256 REGIS 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

AND THE RESERVE AND THE PARTY OF THE PARTY O 1379



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07	1952	is	STATE OF C	Ex./ 1/	1//8/	DEPARTA	MENT OF HEA		HENTAL HY	and the second	REGINO	6	13	2
			REGISTRAR CEASED NAM	FIRST	7712.0	MIDDLE	ZAMINER	LAST	ICATE OF		KNOWN X	MONTH	DAY YEAR	R 26 HOUR
			E OR PRINT)	Ve.roi	nian			h wo ale		Or Or	ESTI- H MATED	2.2.4		
7	DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. BEETIED, WITHIN 72 HOURS DS 23 W. RRESTON STREET,	3. SEX		4. RACE	5 DATE OF BIRTH		6. AGE (IN YEARS I	hreck	R. LIF UNDER 24			MONTH.	30/19 8	
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	ON STATE OF		Maryla		U.S.			OWED	DIVORCED	1	ltimore		,	MD
	SERES	10 CI	TY OR TOWN	OF DEATH	11. NAME OF HOSE (IF NOT IN SUCH FACE	PITAL, NUR	SING HOME, OR	OTHER INSTI	TUTION	20 USUAL OCC FOR MOST OF W	UPATION (TYPE	OF WORK	OR INDUS	
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AD.	THE THE	14. FA	THER'S NAME		MIDDLE			15 MOT	THER'S MAIDEN				LAST	
m,	50000		Denwood	d	MIDDLE	N1116	White	Vi	rginia		WIDDLE	Web	ster	
, o		16a. V	VAS DECEASE	DEVER IN U.S. ARA			AL SECURITY NO		RMANT		ADDRESS,			01
ALTIMORE, MD. 2120	CIVID	(4)	ES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)	219.	-30-5315	Ms	Martha	White	Salisb		Park	
100	1			F DEATH (Enter on	ly ane cause per line			1113.	Hat Cha	WILLEC	Dallab	ury,	APPROXIM	ATE INTERVAL
PRESTON ST.	DE SERVE		PART I DE	ATH WAS CALISED	BY:			tia Ca	rdious	aular D	icoaco		BETWEEN ON	SET AND DEATH
TO.	MEGERY.			IMMEDIAI			SEQUENCE OF	Lic Ca.	LULUVAS	-ulal D	LSEOSE			
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5.2	31,7526		BART 2 OTHER C	CHILICANT CONDITIONS	(C)CONTRIBUTING TO DEATH B	NOT BELLE	TO 70 705 YEARING 1							
DIVISION OF VITAL RECORDS, 201	WILD BE EVEN "PENDING FF MEDICAL SED AS A BU HEATH AN AL, CREMAT	z					EU IU INE TERMINAL U	SEASE OK CONDI	TION GIVEN IN PART	1 (0).				
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ō	AA HOUSE	MEDICAL				F In the IPse	19	(000171011						
N N	DEP NEW YORK	N N	21d INJURY C	OCCURRED	21e PLACE O STREET, FACTO	DRY, FARM, ETC	(ATHOME,	LOCATION		CITY OR	TOWN	COU	NTY	STATE
	WRIT WARD VAGE 1201		AT WORK	NOT WHILE C										
	INER: THIS CERTIFICATE SHOT GLATE, WRITING THE WORE TOWN ADDED TO THE CHI TOR, PAGE 3 SHOULD BE UN THE STATE DEPARTMENT OF AND, 21201 PRIOR TO BURI		22a. I certi	fy that I taak charg	e of the remains desc	ribed abav	e, held an A	stapsy .	Inspection	X. Inqui	ry . and	d in my api	inian	
	ME STATE	100	death result	ed fram:	al couses X.	Accident	, Suicide	, Hai	micide .	Undetermined	manner ,			
	AR AR	-		14	1	7.		TITLE	(SPECIFY)					
	AL SAL		SIGNATURE.	()	10	1		_M.DA	ssistan	MEDICAL EX	AMINER	DATE	12/1	/86
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	A S S E E		EXAMINER'S (TYPE OR PRI	ut) Gre	gory R. Ka	auffm	an, M.D.	ADDRESS	s11	l Penn	St.			
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 43989 FEB STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 20. DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINT) page 3 Jeremiah W. Spence 12-28-86 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR *86 HOURS 18 Male White 10 RIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland TISA Baltimore City WIDOWED DIVORCED | B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 2ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Baltimore INDUSTRY University of Maryland AJSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 36 Carroll View Avenue Carroll Westminster YES XT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 24 LAST MIDDLE FIRST MIDDLE Jeffre Lori Spence Short ADDRESS Ido WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANI Carroll View (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATEST No Jeffrey SpenceWestminster. APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE O Canditions, if any, which gave rise to immediate cause (a), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 1%. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [210 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 21e, PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from =191 saw the deceased alive on. and that in (my) (our) apinian death accurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL uld be de to PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS Merritts Mo 0 4 0 230. BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATOR STATE 12/30/86 PA Burial Mt. Carmel Cemetery Orrtanna Adams 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE A FUNERAL DIRECTOR DHMH-16 60M 1/73 Robert J. Monahampress 27 East Main St-(VR A 15 (41)

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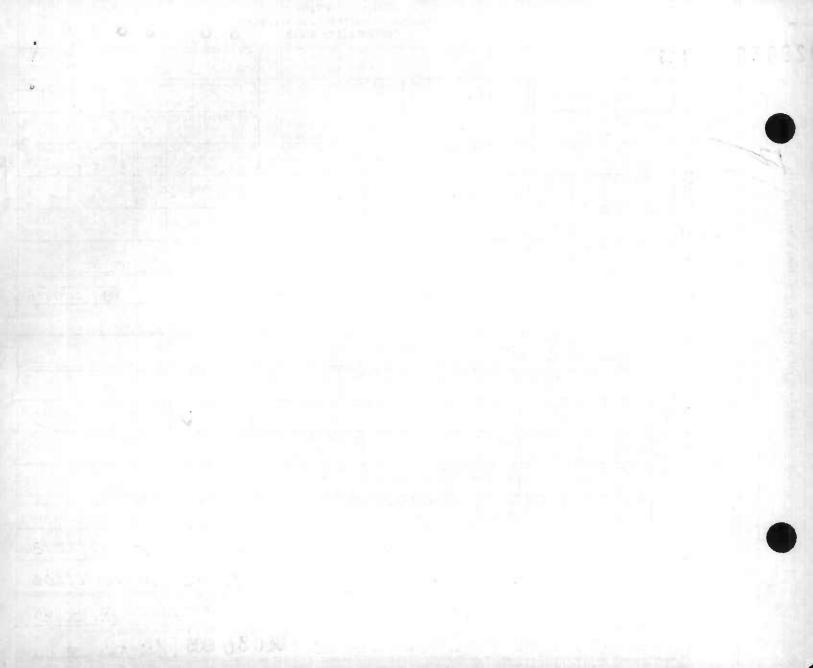
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH MONTH 26 HOUR DECEASED NAME PE OR PRINTS WERESUK 7:20P JOSEPH DECEMBER 22. 1986 4 RACE & AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 3. SEX 5. DATE OF BIRTH 20, 1917 white Aud. male 69 70 BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New Castle Penn. U.S.A. BALTIMORE CITY WIDOWEDX DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY THE JOHNS THOPKINS HOSPITAL BALTIMORE ret.teacher. A.A.Co. ISUAL RESIDENCE LIE NURSINGHOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS ME COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13a STREET ADDRESS / ZIP CODE Ma Ford Circle A.A. Col Ann. YES [NOF 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST umknown unknown ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES, NO OR UNKNOWNS 203-32-9673 Joseph Weresuk II same as no G 0 APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIOPULLYONARY ARREST 30 MINUTES [1] Z K DUE TO, OR AS A CONSEQUENCE OF N Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF PK. underlying couse last 9 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 × B 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOM 17 NO D 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 211. LOCATION 214 INJURY OCCURRED 21e. PLACE OF INJURY Z (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN STATE NOT WHILE 0 G 220.1 certify that (1) (this haspital) attended the deceased from DCC S sow the deceased alive an DEC 22 above, (I) (we) (did) (did not) view the body after death 86 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated A. 国 226 SIGNATURE DE GREE 77 DATE SIGNED ATTENDING MEDICAL [2] PHYSICIAN DIRECTOR PHYSICIAN TO 774 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT LIVINGSTOY Boltimore 600 N. Wolfe 230. BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 236 DATE ANNAPOLIS HILLCREST CEM 12/26/86 BP Burial 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 FUNERAL HOME 12RIDGELY AVRANN. MD (VRA 15, 4)

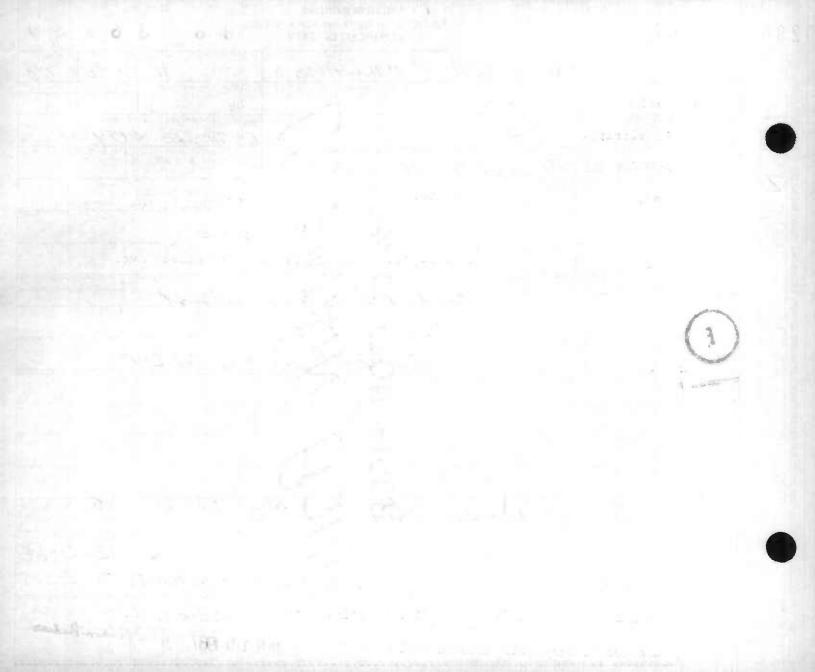


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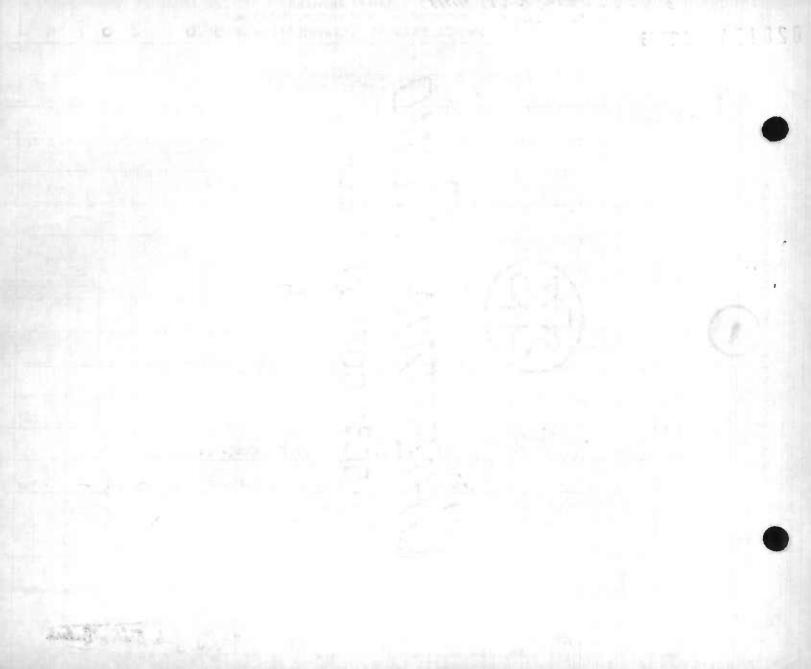
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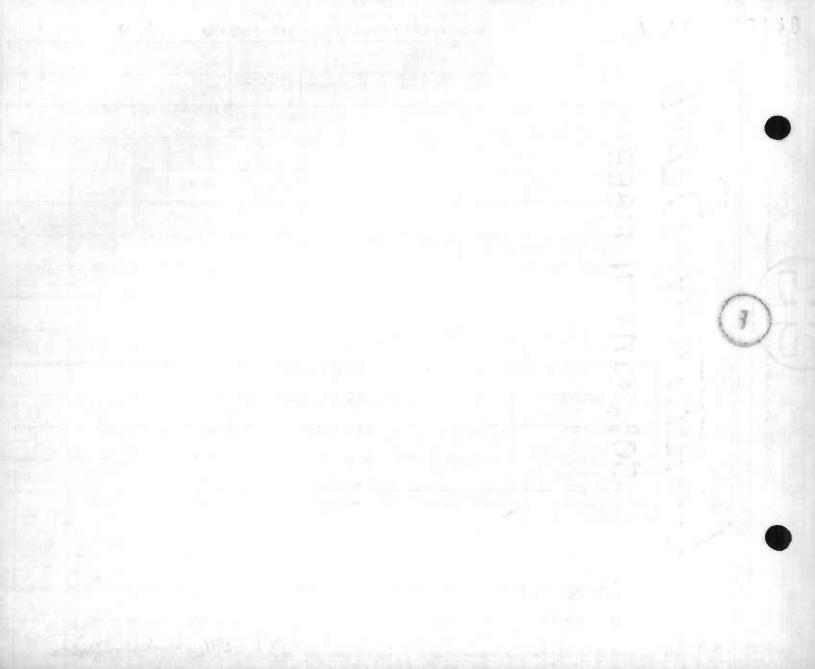
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noy be page 3		CEASED NAME FIRS		STER		9.	LIAMS	20. DATE OF DEATH	MONTH DA	Y YEAR 26	55M
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1 46	B	ALTIMORE CI	TY LI	NOT IN SUCH FACILITY, OF	GIVE STREET A		CENTER	170 USUAL OCCUPA (TYPE OF WORK FOR MOS	TION OF WORKING LIFE)	12b. KIND OF B INDUSTRY	USINESS OR
35	130.	id	OME OR OTHER IN		PEO.W		13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e.STREET ADDRESS 806 McCa		21212	
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quires that the death certification is 19 fed as the control of th	NO	Canditions, if any, whice gove rise to immedia cause (a), stating the underlying cause los	the are and the state of the st	UE TO, OR AS A CO	Se po priseouer Spur	NCE OF S	Dic Dic on Preun NOT RELATED TO THE TERA	enia S	PCVH NDITION GIVE	V IN PART 1(a)	
At RECOR	CERTIFICATION	190 DATE OF OPERATION	19	b. CONDITION FO	R WHICH C	OPERATION .	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFYI YES	WERE FINDING: NG CAUSES OF	S USED DEATH?
DIVISION OF VITAL RECORD NG PHYSICIAN: The low requirant the his certificate has been s os the burnol-transit permit. The hord Mentral Hygiene prior to orded or hem 18 shows ony injury	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE LITHER NOTHY MEDICAL EXAMINATION OF THE LITHER CONTRIBUTION OF THE LITHORY AT WORK	OF DEATH 1	b. TIME OF INJURY HOUR A.M. MOI P.M. e. PLACE OF INJUR THOME, STREET, FACTOR	Υ	19	211 LOCATION STREET	RED (ENTER NATURE OF IN		T I OR PART 2)	STATE
by the hospiral of PERUDI by the hospiral of PERUDI PRECTOR, as dedecated for use Store Dept of Heal ANT: If them 21 is man		220.1 certify that (1) (this saw the deceased almabave, (1) (we) (did) (did) (did) SIGNATURE	hospital) att ve an lid nat) view	the body after dea	19_ E		11- ADDDECC	MEDICAL ST	AFF ICIAN 🔀	22c. DATE SIC	1-86
Bb————————————————————————————————————	В	SHER AF	OVAL 23b	HASH7 1/29/86	23c N	ame of ci	2600 LIBE	23d LOCATION Baltimo	ore, Md.	COUNTY	STATE
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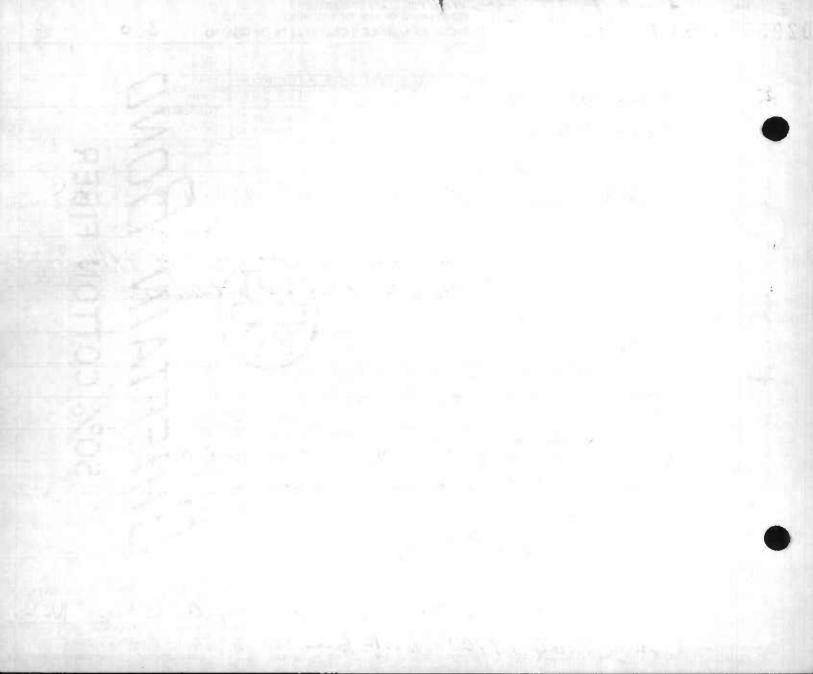
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	. , , , ,		CEASED NAME	FIRST		WIDDLE		LAST	2a DA1	E KNOWN XX	MONTH D	AY YEAR	26 HOUR
	OR. URS. EET,			Rudo				illis	DEA	TH MATED	12-19		M
	'IS NECESSARY, PLEASE FUNERAL DIRECTOR. E. 5 FOR YOUR FILES. ED WITHIN 72 HOURS. II WI PRESTON STREET,	3. SE)	M	RACE B	5 DATE OF BIRTH		PAY) MONTH		MIN. PRONC	ATE DUNCED AD	12-19) 19 86	9:00 P.M
•	FOR PRESENT	FO.	RTHPLACE (STATERING COUNTRY)		USA	HAT COUNTRY?	MARRI WIDOW	ED NEVER MARK	IEDX A	altimore			MD.
	ACARS 7		tyortown of Baltimor		(IF NOT IN SUCH FA	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) LY Medical			FOR MOST OF V	CUPATION (TYPE (VORKING LIFE) BAKERY	OF WORK 12h	OR INDUSTR	SINESS LY
21201	SHOULD SHOULD IN RECORD	Mbs	L RESIDENCE (IF	13b COU	OR OTHER INSTITUTION, GO NTY	BALTO	ION)	AES WO T	3415 RA	RESS VENWOOD	AVE.	21213	
MD.	TO COLOR	14. F	ATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID		WIDDLE		LAST	
BALTIMORE, MD.	PEATH PAN	1	RICHARD			WILLIS		LEOLA		MIDDLE	TIM	CHELL	
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	E DI		18 CAUSE OF PARTIDEA	DEATH (Enter of the WAS CAUS	nly one couse per line	for (a), (b), and (c).)		4 , " 4	,	3/4		APPROXIMATE BETWEEN ONSET	
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DIVISION OF VITAL RECORDS	HOULD BE EXECUTE FROM THE MEDICAL BUSED AS A BURLOF HEALTH AND RIAL, CREMATION	CERTIFICATION	190. DATE OF O	PERATION	196 CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			2	D AUTOPSY?	
/IIA	무료되었죠/	TIFIC		1755	A STATE						5	YES XX	NO 🗆
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N SIS	OEP OEP OEP	WED	21d INJURY OC	CURRED	21e PLACE C		21f. LOC	ATION	CITY OR	TOWN	COUNTY		STATE
٥	WARE WARE PAGE 21201	-	WHILE AT WORK	AT WORK	N ,	house	185	To Formas	street	Ball	imerly	- 1	md.
	WER: THIS CER CATE, WRITIN FORWARDED OR: PAGE 3.S THE STATE DEP (ND, 21201 PR		220. I certify	that I took chai	ge of the remains des	cribed obove, held an	Autaps	y XX. Inspectio	n , Inqu	ry , and	in my opinia	ın	
	MIN FFIC FCT FT TI		death resulted	from: Nat	urol causes .	Accident . Si	urcide	Hamicide .	Undetermined	monner X.			
	CERT CERT		ACTUAL	1		n		TITLE (SPECIFY)			DATE	10.00	06
	PARTE N	1	SIGNATURE	90	any	9	M	D Assistant	MEDICAL EX	AMINER	DATE SIGNED_	12-20-	-86
	MEDICAL EXAMINER: COLL THE CERTIFICATE SE SHOOULD BE FORE FUNERAL DIRECTOR; BEDEATH, WITH THE S TINORE, MARYLAND,	1	EXAMINER'S N.	AME I	illiam M.	Zane, M.D.		ADDRESS 111 I	Penn St.	Balto.	. Md.	21201	
	PAGE PAGE	23e.B	URIAL CREMATIC			123c, NAME OF CE			23d LOCATION				
07/184	BH21	(5	PECIFY)		12 23-86	BALTIMO			BALTO		COUNTY	MD STA	LTE.
25AA	DHMH - 17		JNERAL DIRECTO	OR	ADDRESS				REC'D. BY FEGIS	Control of the last of the las	STATE OF THE	O La	
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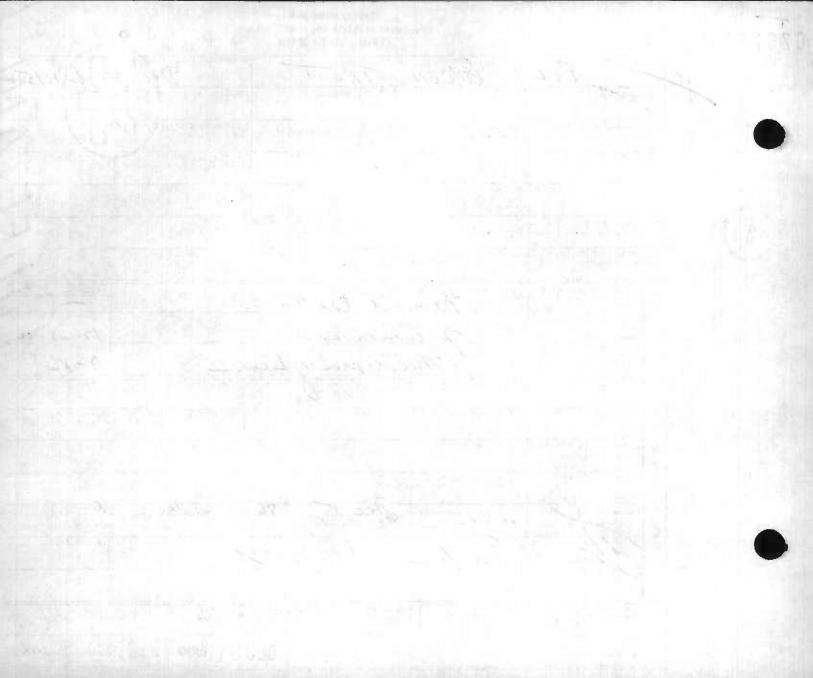
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATHO 20. DATE KNOWN 1. DECEASED NAME (TYPE OR PRINT) ESTI-OF DELAY IS NECESSARY, PLEASE
TO THE FUNERAL DIRECTOR.
4 PAGE 5 FOR YOUR FILES.
BE FILED, WITHIN 72 HOURS
DELED, WITHIN 72 HOURS 12-5-86,0 DEATH MATED JOSEPH WILSON 1 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) MONTHS DAYS PRONOUNCED 20 DEAD 10 20 66 Male White 12-5-8619 1.454 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) X Baltimore City DIVORCED U.S. WIDOWED Pennsylvania II CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY Baltimore 1821 N. Charles Street (Soc. Sec.) 88 USUAL RESIDENCE LIFTIN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI BALTIMORE, MD. 21201 13a STATE 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 1821 N. Charles St. 21201 Balto. Md. YES 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE MIDDLE FIRST Nina Jonas Wilson 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 202-03-2139 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung OR REMOVA DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. CREMATION, AND DIVISION OF VITAL RECORDS, PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: CERTIFICATION 19a DATE OF OPERATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CRETIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF! TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NON 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 2) e PLACE OF INJURY (AT HOME, 21d INJURY OCCURRED 21f LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy death resulted fram: Natural causes Accident Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNATURE Assistant MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) Margarita ADDRESS. 230. BURIAL, CREMATION, REMOVAL 236 DATE 73d LOCATION 73c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1-7-97 Removal 07/84 25M 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Balto., Md. (VR A15 ME (5)) Anatomy Board



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 28 DATE OF DEATH MONTH 1. DECEASED NAME 26 HOUR (TYPE OR PRINT) Russell McElrov E. Ra December 28, 1986 & AGE (IN YEARS LAST BIRTHDAY) 4 RACE 5. DATE OF BIRTH 3 SEX White Male 76 CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH O. BIRTHPLACE ISTATE OR FOREIGN MARRIED WEVER MARRIED ecil DIVORCED [WIDOWED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Perry Point Truck Univer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13CCITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIR CODE DOM Ilonida Dunnellon FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Manie Knox ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT (IF YES GIVE WAR OR DATES) Pauline G. McElroy, Perryville, 160 20 1680 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DE ATH WAS CAUSED BY: Cardiac arrest IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Chronic obstructive pulmonary disease 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS LISED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [718. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 71d. INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that XXI has haspital) attended the deceased from December 25, 19, 86, to December 28, 19, 86, that (K(we) lost December 28_19 86 and that WXX (our) opinion death occurred on the date and hour and from the causes stated saw the deceased always no December 28 obove Mixwe) (did) Add Norview the body ofter death 22b. SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN TO DIRECTOR TO PHYSICIAN TO 12-28-86 224 PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS VA Medical Center Perry Point, MD 21902 GLENDON RAYSON, M.D. 236. BURIAL, CREMATION, REMOVAL 136. DATE 23c NAME OF CEMETERY OR CREMATORY DHMH - 16 60M 7/84 (VRA 15, 4) DEUELL, WV

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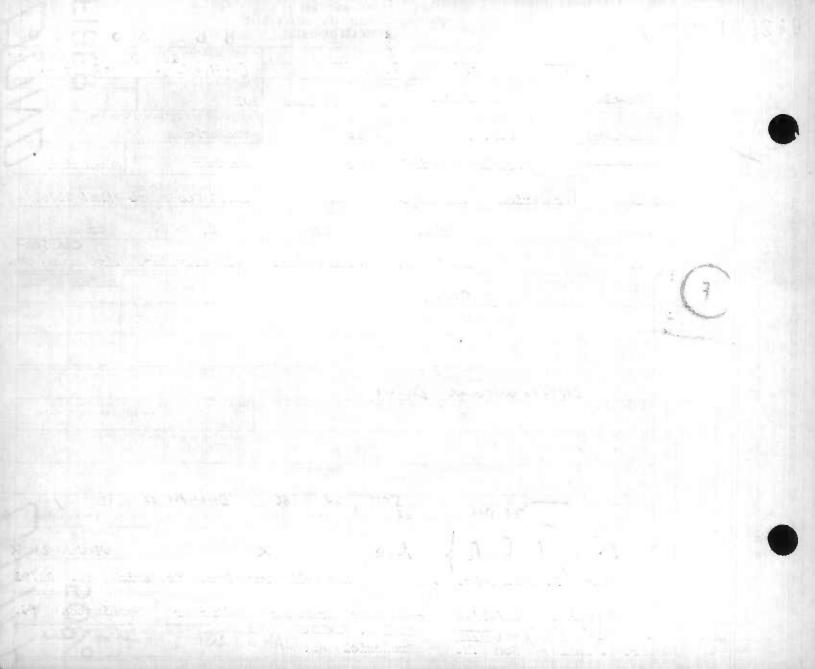
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事から	130 STATE 13b CO	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE UNITY 13c. CITY OR TOW REPUBLICK ROYMAT		13. STREET ADDRESS / ZIP CO 12752 Woodsbo	oro Pike/ 21757
TV/V	14 FATHER'S NAME FIRST John	MIDDLE LAST Price	15. MOTHER'S MAIDEN N. FIRST Mary	AME MIDDLE C.	Ordemen
SE 08	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SECU		ADDRESS	Charles-
	(YES, NO OR UNKNOWN) (IF YES,	214-10-1	630 Jack Emmert	818 Belveder	ce Drive, town, WVA
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CTOR. At The use of of Health	saw the deceased alive above, (h) (we) (did) (did	piral) attended the deceased from an 23 DEC 19 19 19	SC, and that in (roy) (our) opinion	ta DECEASSE 2;	haur and from the causes stated
SAL DWE SAL DWE detoched hare Dept	226 SIGNATURE	1. S.A.	DEGREE ATTENDING PHYSICIAN 1224 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	DECEMBER 23 186
O FUNE hould be wedsta	George I.	Smith, Jr. M.D.	804 Toll He	ouse Ave., Frede	erick, Md. 21701
P	730. BURIAL, CREMATION, REMOV. (SPECHY) Cremation	12/23/86 Sm	NAME OF CEMETERY OR CREMATORY nithsburg Cremator		Washington MMd.
AH - 16 50M 4/B3 (VRA 15, 4)	74 FUNERAL DIRECTOR NAME Robert E. Dailey	ADDRESS _	201 N. Market JA	TE BECH BY BEGISTRAN AN REC	GIS MARYS SIGNATURE



8146 DE		REGISTRAR		DEPARTMENT OF F	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	8 6 _{REG. NO.}	6/4	9
oth o		EASED NAME FIRST DOROTHY	NAOMI		RHART	December :7.	1986 8:	50 p
ge 4 may be ector, page 3 rs ofter death	3. SEX	emale	4 RACE Caucasian	S. DATE O	of Birth ober 17,1909	6 AGE (INYEARS LAST BIRTHDAY) 77	IF UNDER I YEAR IF UNDER	ER 24 HR
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by the fu	F	Y OR TOWN OF DEATH rederick	frederick	Memorial	OR OTHER INSTITUTION Hospital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) Sec. Dept. St	126. KIND OF BUSIN INDUSTRY OTE RET.	VESS C
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requires that the deorem signed by the atter. I. Then please remove in to buriol, cremation y injury, or other troum	TION	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (1) 90 DATE OF OPERATION	DUE TO, OR AS A	renal fa	NOTRELATED TO THE TER	y dueland		
hysician. frace has being bei	CERTIFIC	21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING ACSIDED	21b. TIME OF INJU			200 AUTOPSY? 206. IF IN CE YES NO NO NO STEEL (ENTER NATURE OF INJURY IN ITEM	YES, WERE FINDINGS USE RTIFYING CAUSES OF DEA YES NO [ATH?
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DHMH - 16 60M 7/84 (VRA 15, 4)	71 24	offer C Co	7 17 1	Olon N. Mark	1 100	TE REC'D. BY REGISTRAR 256 REC C 2 3 1986	Distrar's SIGNATURE	u.

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	SHORT OF SHO	TER														YES &	NO 🗆
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	SHC SHC	1	SIGNATURE		/				M	D. <u>ASS</u>	Stalle	MEDIC	AL EXAMIN	VER	SIGNE	12/1	0/80
	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: R AFTER TEATH, WITH THE ST BATTLE CERTIFICATION, 2	1	EXAMINER'S		Villiam	M. Za	ane,	M.D.		ADDRESS_	111	Peni	n St.	Ва	lto.M	D.	
	PATO A PATO		URIAL, CREMAT	ION, REMOVA	L 236 DATE		23c. N.	AME OF CE	METERY O	RCREMATO	ORY	23d. LOC	ATION		COUN	TY	STATE
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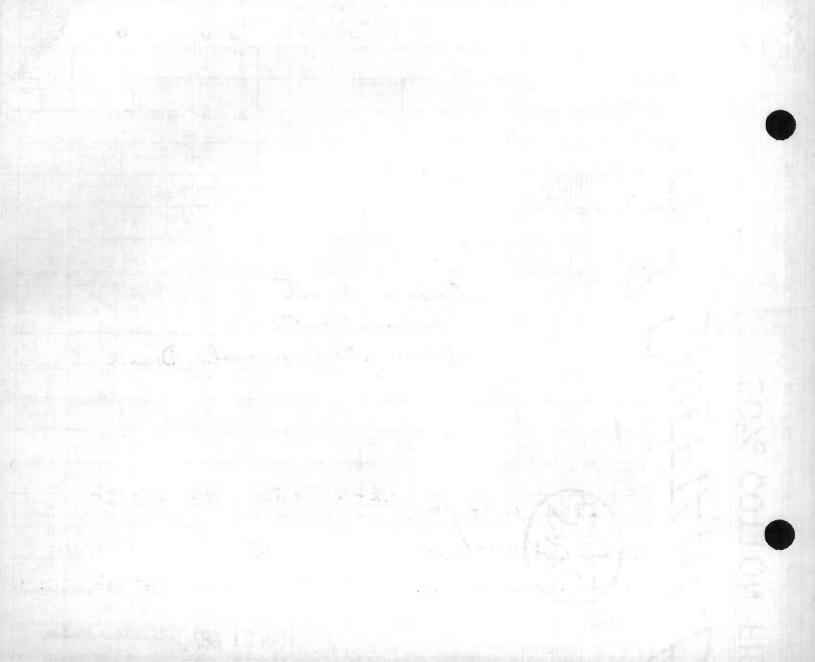
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 20. DATE OF DEATH II DECEASED NAME MONTH 26 HOUR TYPE OR PRINTE 86 :00PM Meyerhoffer 25 Clue Anderson 4. RACE 5. DATE OF BIRTH 6. AGE LIN YEARS LAST BIRTHDAY) 3. SEX IF UNDER 1 YEAR IF UNDER 24 HRS White Male 69 To, BIRTHPLACE ISTATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Frederick Ohio DIVORCED WIDOWED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE State Govn. 2221 Harney Road Tanevtown Tanevtown Accountant E OR OTHER INSTITUTION GATE RESIDENCE BEFORE ADMISSIONS MSUAL RESIDENCE (IF NUR 17 12221 Harney MD raderick Tanevtown 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Delta Phillips Clue Meyerhoffer A. ADDRESS 12221 Harney Rd 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Freda H. MeyerhofferTaneytown, Md. 213-12-830 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY Carcinoma of the Colon 10 Months DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 IFICATION 206. IF YES, WERE FINDINGS USED 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX YES [CERTI 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY I AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE WHILE AT WORK December 220.1 certify that (1) (this hospital) attended the deceased from... saw the deceased alive December 86 and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death 276. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL 12-30-86 PHYSICIAN DIRECTOR PHYSICIAN should be de with the State 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 600 N. Wolfe St. Baltimore, MD 21205 Alexander Hantel MD 230. BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY Evergreen Cemetery Gettysburg, Pa. Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH-16 60M 1/73 Monahan 125 Carrisle St. (VR A 15 (4))

Gettysburg. Pa.

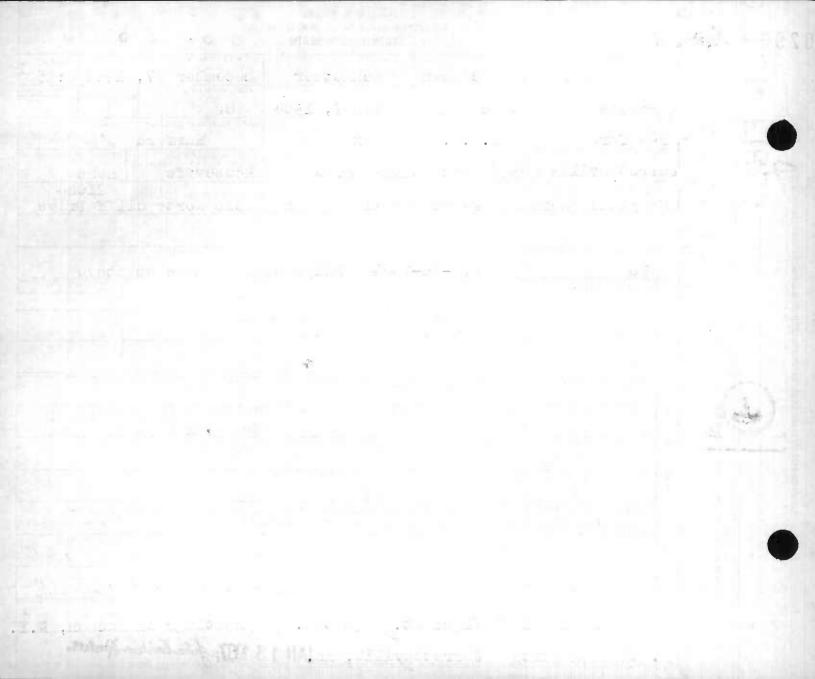
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STATE OF MARYLAND 29668. F DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 26 HOUR direction Milita June 14, 1986 Ellsworth James Poole 1. SEX 4 RACE 5. DATE OF BIRTH & AGE LIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH DAY YEAR 04 13 1908 White Male BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIET NEVER MARRIED COUNTRY) Frederick Md. USA WIDOWED DIVORCED [ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LITYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Frederick Frederick Memorial Hospital Laborer Construction USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) THE COUNTY IJL CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Md Frederic NO [Water St IS MOTHER'S MAIDEN NAME IL FATHER'S NAME Fi857 Charles Poole 16s WAS DECEASED EVER IN U.S. ARMED FORCES? 188 SOCIAL SECURITY NO. 17. INFORMANT LIFES, NO OR LINKHOWNS AW VES, DAY WAS DEBATED. No 214-1 IS CAUSE OF DEATH (Enter only one course per line for to). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE to DUE TO, OR AS A CONSEQUENCE OF 50 Conditions, if any, which OF gave rise to immediate couse (o), stating the DUE TO: OR AS A CONSEQUENCE OF underlying cause fost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 FICAT He DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28s. AUTOPSYT 7th, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHT NO IT 21a. ACCIDENT WAS UNDERLYING 71b. TUME OF INJURY THE HOW INJURY OCCURRED LENGTH WATURE OF HOURS IN JIEM IS PART I DRIPART IN HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF SITHER: NEXTIFY METRY ALEXANDRESS. P.M 10 214 INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY DRITOWN COUNTY state. LAT HOME STREET, EXCTORY, OFFICE, EARLY, ETC.) NOT WHAT 72s.1 certify that (1) (this haspital) attended the deceased from that (It (we) last saw the deceased alive and that in (my) (our) opinion death accurred on the date and bour and from the course stated above, (!) (we) (did! (did 77h SIGNATURE DEGREE 774. DATE SIGNED ATTENDING PHYSICIAN | DIRECTOR | PHYSICIAN | 276 PHYSICIAN'S NAME (1997) WHILE II+ ADDRESS William F. Harper 100 S. Center St., Thurmont, Md. 73s BURIAL CREMATION, REMOVAL 73h DATE 23r NAME OF CEMETERY OR CREMATORY 734 LOCATION ESPECIFIC Burial 6/18/86 Lewistown Cemetery Lewistown, Fred., 24 FUNERAL DIRECTOR PECID. BY REGISTRARY SE REGISTRAL'S SIGN Fred. Md. DHMH - 16 60M 7/84 (VRA 15, 4) G. Douglas Stauffer, 1621 Opossumtown

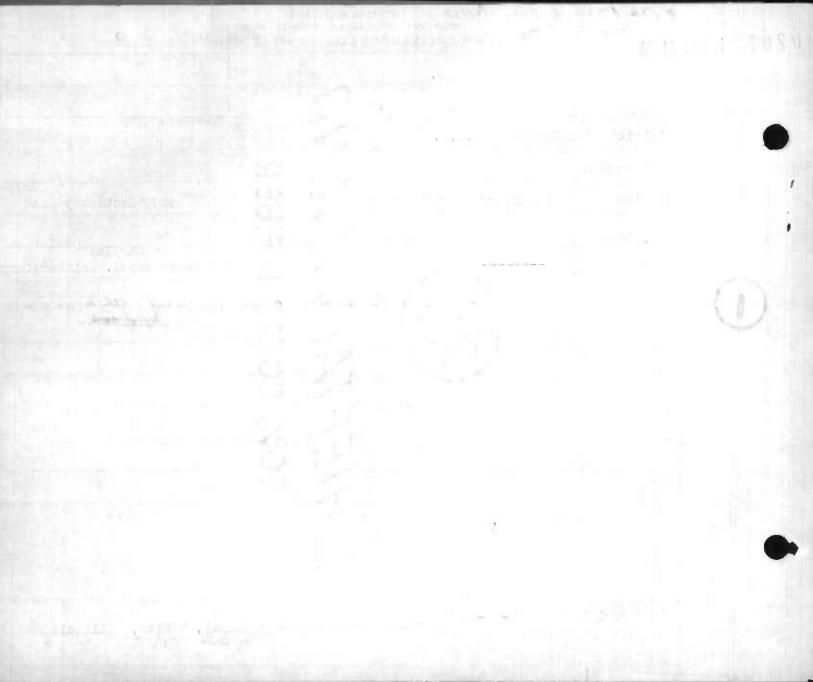
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Of ods of M	23a BURIAL	CREMATION,		23b. DATE		C. NAME OF C	EMETERY OR CR		23d LOCATION			
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		LDIRECTOR						250 DAJE	REC'D. BY REGISTRAR	255 REGISTRAF	is signati	UPE ME
DHMH - 16 50M 4/82 (VRA 15, 4)	NA		natomy	Board	ADDRES		o., Md.	JAN	21 BO1 9	The state (CC)	20-26-1	



				STATE OF MARTLAND		
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noy be poge 3		Flore		Schnetzer	December 2	7, 1986 8:25 M
or. p	3. SE		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR		IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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y of English	CERTIFICATION					
and a second	NO.	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. II	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?
Show of the party	E				YES NO	YES NO
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A Paragram	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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NDIII Lose de la serie de la s		22a I certify that (I) (this has	spital) attended the deceased from_		, to	, 19, that (I) (we) lost
TTE prito CTO CTO for of h		sow the deceased alive	not view the body after death.	, and that in (my) (our) apinion	death occurred on the date and	hour and from the couses stated
hos hos hos hed in the different hem		THE SIGNATURE		DEGREE		221. DATE SIGNED
the the District He District District District He Tr. If H	X	a legen of	2)	ATTENDING PHYSICIAN [MEDICAL STAFF	12/2966
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	WITH WE PER PER PER PER PER PER PER PER PER PE	()		IF YES, GIVE WAR O		N/A	IIY NO.	Dr. JohnBra	dv 92050	ADDRESSMAJ enterwavi	rytano 8d. Ga	ı Li ther	rshura
	a marka s	F	18 CAUSE OF DEATH	(Enter only on	e cause per line	ar (a), (b), and (c).)			0 , 0 .		9 A	APPROXIMATE	INTERVAL
	1 2 KS		PARTI DEATH WAS	S CAUSED BY: MMEDIATE CA	1	sental 1	heart	anomal	es asse	rated w.		oun a	
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	UTED IN PR		lying cause last.		(c)	43 A CONSEGUENCE	Or						
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07/B4 25M	BP 403	24 F	Burial UNERAL DIRECTOR		12/06/86	Georg	e Wash:		50. DATE REC'D	delphi BY REGISTRA	D 756 DECIS	TDAD'S SIG	NATURE	
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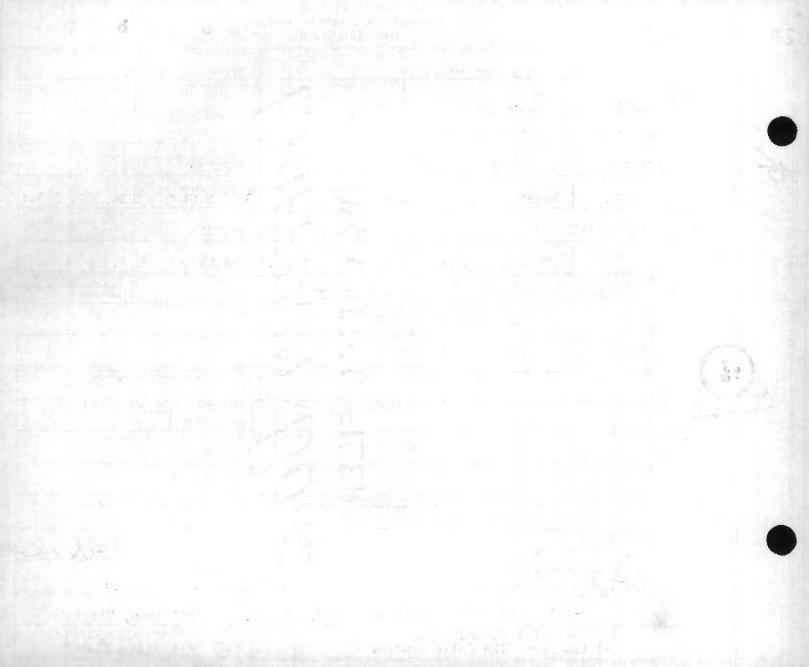
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552 JAN 1) B	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 6 3	6 / 5 /
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH D	AY YEAR 26. HOUR
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mo)	3 SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR # UNDER 24 HR
rs of		Male	White	Aug. 5, 1913	73 YRS	
V 50 0 0	7a. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
deor	_	rth Carolina	U.S.A.	WIDOWED DIVORCED	Montgomery Co	
119/		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACELITY, GIVE STREE Grovner Health	ING HOME OR OTHER INSTITUTION	12d. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE	
4 /8 /		ethesda /	OTHER INSTITUTION, GIVE RESIDENCE BEFO		Laborer	Construction
tand by	M	aryland Mon	tgomery Gaither	sburg YES A NO	13. STREET ADDRESS / ZIP CODE 17060 King James	es Way, 20877
16/43	14 F#	THER'S NAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	WE	LAST
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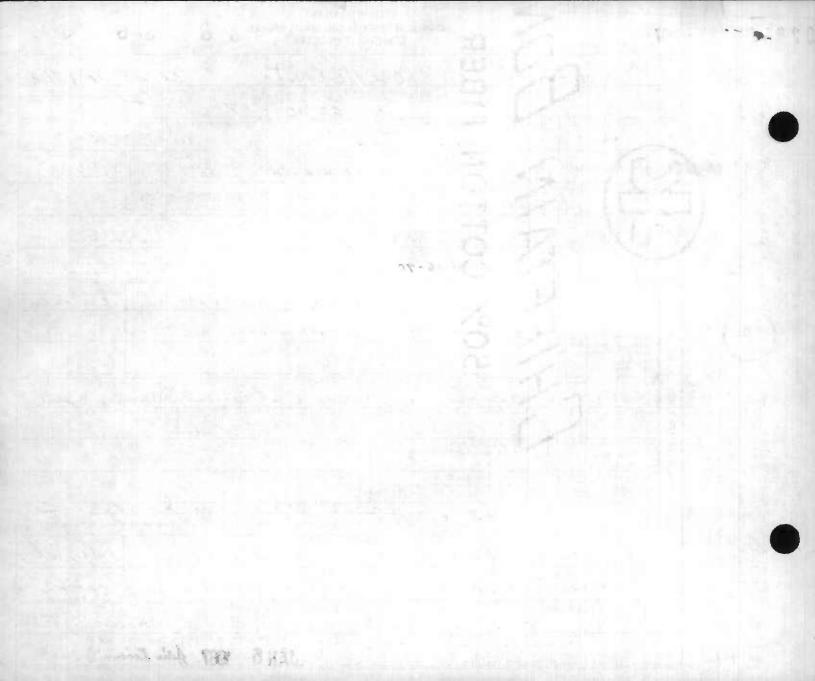
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO L DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS FREDERICK SHERMAN JONES **DECEMBER 31 1986** SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR & AGE (IN YEARS LAST BIRTHDAY) MARCH 2 1919 CAUCASIAN MALE TO. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED UNITED STATES NEW JERSEY MONTGOMERY WIDOWED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) [TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY BETHESDA NAVAL HOSPITAL RETIRED USMC ISUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONS SE COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE VIRGINIA FAIRFAX FALLS CHURCH 3713 S.GEORGE MASON OR. 22041 L' FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MARIE EUGENIE PATRICK SHERMAN JONES 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES NO OR UNKNOWN) HELEN L. JONES FALLS CHURCH, VA. 22041 118-12-0503 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY METASTATIC ADENOCARCINOMA DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 216. TIME OF INJURY 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 2H. LOCATION 21ª PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC) CITY OR TOWN COUNTY STATE NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased fram NOVEMBER 29, 19, 86 saw the deceased alive an DECEMBER 31, 19, 86, and that in (my) (aur) apinion diabove, (1) (we) (did) (did not) view the bady after death. __ to__DECEMBER and that in (my) (aur) apinian death occurred an the date and haur and fram the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS NAVAL HOSPITAL GAN.LCDR.MC.USN BETHESDA, MD. 20814-5011 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) Burial 01/06/87 Arlington National Cem Arlington, Virginia 24 FUNERAL DIRECTOR Colonial Funeral Home 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHAM - 16 60/8 7/84 6161 Leesburg Pike Falls Church, VA (VRA.15, 4)



STATE OF MARYLAND 10 2 8 2 5 6 DEC125 DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 DECEASED NAME 20 DATE KNOWN KT MONTH (TYPE OR PRINT) ESTI-Scroggins 86 DEATH MATED 16 19 Pauline Maness S. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED DEAD 19 86 A. Female White 22. 1914 Jan. TO BIRTHPLACE ISTATE OF 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mississippi U. S. A. WIDOWED XX DIVORCED Montgomery County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS Destrostore FORM STORE OKING LIFE) Takoma Park Carroll Avenue USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE REFORE ADMISSIONI 130 STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 20912 Maryland Montgomery Takoma Park YEST NO 7051 Carroll Avenue 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Mary David Scroggins Miller Virginia 166 SOCIAL SECURITY NO. 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 418-01-8723 Self. (Same as # 13 above) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Acute myocardial disease. DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION None 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO E None 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART L OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH None 21e PLACE OF INJURY LATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE WHILE AT WORK COHNTY Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion deoth resulted from: Accident Suicide Homicide Undetermined manner Notural causes TITLE (SPECIFY) DATE 12/16/86 Deputy SIGNATURE MEDICAL EXAMINER 1919 Seminary Road XAMINER'S NAM Rogers. ADDRESS Silver Spring, Montgomery County, MD 230 BURIAL, CREMATION, REMOVAL 236 DATE Burial Evergreen Cemetery Sylacauga, Talladega, Ala. 07/84 25M 24 FUNERAL DIRECTOR Takoma Funl Home Inc 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 254 Carroll St.N.W. Washington, D.C. 20012 (VR A15 ME (5)) 986 gulia Davidson

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-	ECESSA INERAL FOR Y	FO	REIGN COUNTRY)					ED A NEVER MARRI	ED 📙				
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	AHAHA C	V. E	ockville	2		cility, give street address) ham Road			Mechani	ORKING LIFE)		or industr	RY
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2120	ANDUNA		ryland	Mont	tgomery	Rockville	2	YES X NO	617 Der	ham Road	d / 20	0851	
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ec m	16 % × 86 %		Richard		G.	Shutt,		Evelyn			Ва	allenge	er
SALTIMORE, MD.	ON STORY	160 V	VAS DECEASED ES, NO, OR UNKNOW	EVER IN U.S. AF	RMED FORCES? E WAR OR DATES)	166 SOCIAL SECURI		17 INFORMANT Ri	chard G.	Shutt,	Jr.,	Brothe	r,
BAL	JRS AF WITH WITH DIVISI		No		-	not avail	able	441 Calif	ornia St	reet, Gr	idley	, CA	
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3	を名号をラウ		cause (a) st	to immediate oting the <u>under</u>		AS A CONSEQUENCE	OF	Aug Page			-		
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OF VITAL RECORDS.	OULD BE EXECUTED "PENDING" IN RE FER MEDICAL EXAM SED AS A BURIAL- F HEALTH AND MEI AL, CREMATION; O	_	PART 2 DIHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEASI	DR CONDITION GIVEN IN PAI	RT 1 to				
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Į į	S 4 6 6 5 5	2	WHILE AT WORK	NOT WHILE		TORY, FARM, ETC.)	61	7 Denhas	n Rd. 7	Rockirle	COUNTY	nt.	md,
	NER: TH CATE, V FORWA OR: PA THE STA NND, 21		22a I certify	that I taak char	ge of the remains des	cribed abave, held an	Autap	sy X, Inspection	Inquir	v and	n my apinia	7/	
	HCATE F CR CTOR: H THE S		death resulted	fram: Natu	ural causes .	Accident , S	vicide	, Hamicide	Undetermined	1570	, , ,		
	DIE WITH		ACTUAL	1	-	11		TITLE (SPECIFY)					
	当世の著作品か	/	SIGNATURE_	11		7	M	D Assistan	MEDICAL EXA	MINER	DATE SIGNED_	12/9/8	6
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	PAGE PAGE BAGE	23a.81	TYPE OR PRINT	ON, REMOVAL	73b DATE	23¢ NAME OF CE			1238 LOCATION				
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25M	DHMH - 17	24 FU	INERAL DIRECTO	Robert	t A. Pumph	rey Funera	l Home	es. 250. DATE		RAR 256 REGISTI	RAR'S SIGN		11a
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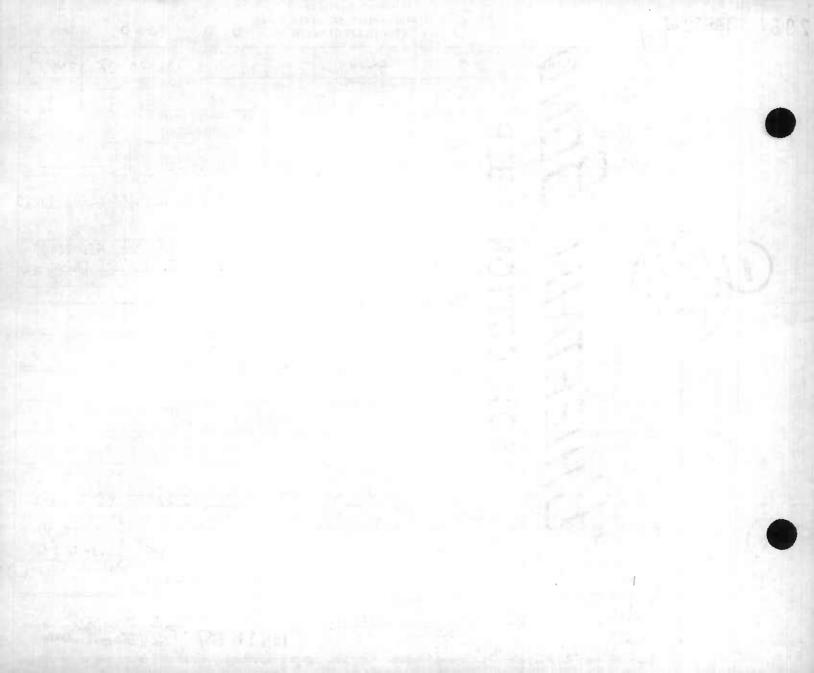
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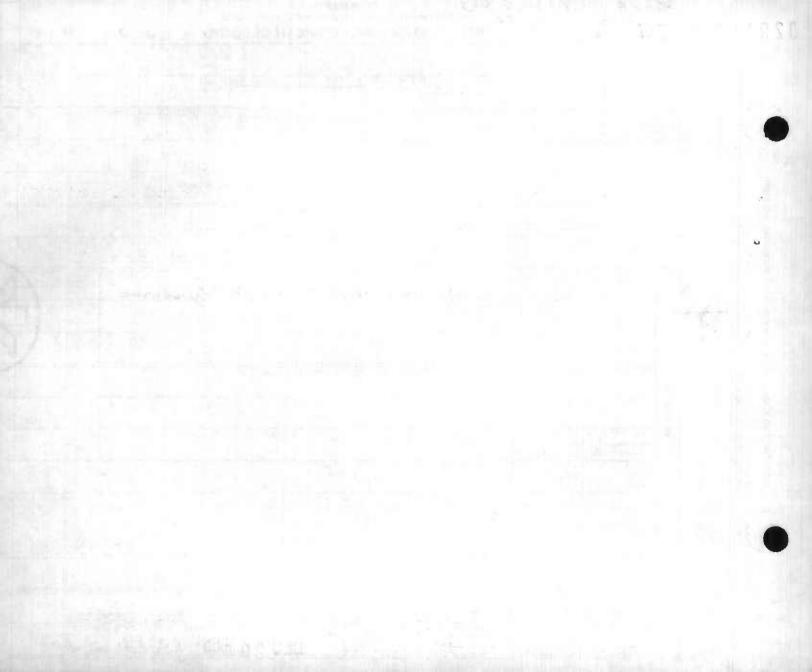
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ge 4 may ector pag	3. SE.		4 RACE	CASIAN	5. DATE C		6 AGE (IN YEARS LAS	T BIRTHDAY)	ONTHS DATS	IF UNDER 24 HRS
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1190		TY OR TOWN OF DEATH ROCKVILLE AL RESIDENCE (IF NURSING HOME	Hebrew	Home of	Breate	er other institution washington	179 USUAL OCCUP (TYPE OF WORK FOR MC HOUSEN		126 KIND C	DF BUSINESS OR
35	13a S	Maryland Mont	tgomery	13. CITY OR TOW		13d. INSIDE CITY LIMITS? YES NO		ss / ZIP CODE E. Bexh	ill Dr	ive 2089
11/5	2	Alfred 1	Max	Franks		Annie	MIDDI			ien
() oo /	160 V	VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES I	ARMED FORCES? GIVE WAR OR DATES?	078-18-7		Miriam D. Bob	% 2000: 1000	ensingt	on, Md.	20895 Drive
he low requires that the death certains to be seen signed by the attending it permit. Then please remove carboniene prior to burial, cremation, or remove only injury, or other traumatic every only injury, or other traumatic every or other every o	CERTIFICATION	PART I. DEATH WAS CAU IMMEDI Conditions, if ony, which gove rise to immediate couse (or), stating the underlying couse lost PART 2 OTHER SIGNIFICAN Demon 14 19a DATE OF OPERATION	DUE TO, DUE TO, CONDITIONS	OR AS A CONSEQUE OR AS A CONSEQUE CONTRIBUTING TO E DITION FOR WHICH	ENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR C	201 IF YES,	WERE FINDI	NGS USED
PHYSICIAN. TI ending physici this certificate he buriol-transi and Mental Hygi d or Item 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER NOTIFY MEDICAL EXAMINATION OF THE CONTRIBUTION OF THE CONTR	DEATH HOUR A	OF INJURY A.M. MONTH DA P.M. E OF INJURY STREET, FACTORY, OFFICE F	19	21t. HOW INJURY OCCURR		INJURY IN ITEM 18 PA	(COUNTY	STATE
ATTENDING hospital or other properties of the decrease they are the decrease them 21 is market them 21		The I certify that (II) this has	pituly attended	12-20 19	x6.00	DEGREE	, to deoth occurred on th	2-20, 1 e date and hour	9 86, and from the	
TO HOSPITAL OF TO FUNERAL DE Should be detoo with the Store DIMPORTANT: If	02	ף לושונוק		my 2) SIMM		ATTENDING PHYSICIAN [Grove 120		Rochon	10.46 CW 14
BP		Burial Burial				emetery or crematory wid Mem Garden ryland 1950 Day	23d LOCATION CITY OR TOWN	burch.	Vitain.	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)		UNERAL DIRECTOR UNZANSKY-GOLOBO					1 6 1987	Julia D	ANS SHERLE	PRE LABOR

CTATE OF MANUAL AND



		Sta	Ens # 1	8a, \$ 22	a, G-623			MARYLAND	LIVETENIE				
079	1 1 0 2 JAN	15	STATE /// 7/8	of by m	MED	ICAL EXAMI	NER'S	H AND MENTAL CERTIFICATE	. 50	D REGIS	6	1 6 !	3
0 2 0	, , , , , , , , , , , , , , , , , , , ,	1. DE	CEASED NAME	FIRST		WIODLE		LAST		DATE KNOWN X		DAY YEAR	2b HOUR
	28 5 5 5 E	(TYP	E OR PRINT)	Terre	11	.T	Т	alley		OF ESTI-	12-2	20 19 86	AA
	PEA TREE TREE	3 SEX		RACE	S. DATE OF BIRTH		YEARS IF U	NDER TYR IF UND	R 24 HRS. 2c.	DATE	MONTH	DAY YEAR	2d HOUR
	S NEGESSARY, PLEASE FUNERAL DIRECTOR. E 5 FOR YOUR FILES. D. WITHIN 72 HOURS W. PRESTON STREET,	M	ale	Black	July 30,1	L986	YRS. 5	THS DAYS HOURS	MIN PRO	NOUNCED DE AD	12-2	20 19 86	11:00 a. M
	ESSA ERAL THIN REST	FO	RTHPLACE (STA		76. CITIZEN OF WHA	AT COUNTRY?	8. MARR	IED NEVER MAR	RIED X 9 B	ALTIMORE CITY	OR COUNTY	OF DEATH	
	SAN		laryland		USA		WIDOV		CED MC	ontgomery	Count		MD.
1	と王の言名		TY OR TOWN C		(IF NOT IN SUCH FACE	ITAL, NURSING HO	i)			OCCUPATION (TYP OF WORKING LIFE)	E OF WORK	OR INDUSTRY	Y
O	S S S S S S S S S S S S S S S S S S S		OCKVIII		Shady Gr	ove Adven	tist	Hospital		Vone			
21201	1. IF ANY DELA 2. AND 3 TO 3. RETAIN PA 2. SHOULD BE F ALRECORDS.		Md.	I/M COUN	itg.	Germantow		YES NO [13e 1961	2 Crystal	L Rock	Dr/ 208	874
9	PM 3.	15.5/	THER'S NAME		MIDDLE	TAST		15. MOTHER'S MAI		MIDDLE		LAST	
M. M.	ER DEATH. IF PAGES 1, 2, ORM PM 3. SS 1 AND 2 SI NO OKVITAL	1	Da	rrell Fo	oreman, Sr.			E:	rica Tai	lley		that	
IMO	1,005	16a. V (Y	VAS DECEASED ES, NO, OR UNKNOV NO	EVER IN U.S. AR	MED FORCES? WAR OR DATES)	16b. SOCIAL SECUR	ITY NO.	17 INFORMANT		ADDRESS			
BALTIMORE,	JRS AFTER DEA 3. GIVE PAGES WITH FORM I F. PAGES I AN DIVISION OF					None		Erica Ta	Lley (m	other) sa	ime as	#13	
			18 CAUSE OF PART I DEA	DEATH (Enter on TH WAS CAUSE)	ly one couse per line f	ar (a), (b), and (c).)	-	0 1 8	-21	0 ,	43/5	APPROXIMATE I BETWEEN ONSET	AND DEATH
NO	2 E C E S S			IMMEDIA	TE CAUSE (a)	A CONSEQUENCE	- The	fart 0	eith	Lyndro	me		
REST				s, if ony, which		IS A CONSEGUENC	COF						
Α.	2		cause (a)	to immediate stating the <u>under-</u>		S A CONSEQUENC	E OF						
201	S S S S S S S S S S S S S S S S S S S		lying caus	e last.	(c)								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	IS CERTIFICATE SHOULD BE EXECURRING THE WORD "PENDING" II ARDED TO THE CHIEF MEDICAL E GET 3 HOULD BE USED AS A BURIL TO PRIOR TO BURIAL, CREMATIO	z	PART 2 DTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEATH BE	IT NOT RELATED TO THE TE	RMINAL DISEAS	SE DR CONDITION GIVEN IN	PART Tio				
REC	MEL AND ASS	MEDICAL CERTIFICATION	190 DATE OF	OPERATION	Tigh CONDITI	ON FOR WHICH OP	ERATION V	VAS PERFORMED?		- 16		20 AUTOPSY?	
TAL	HOUL RED "F USED OF HI	IFIC.									1	YES 🔯	NO [
P V	WENT OBU	CERT	210. EXTERNAL		21b. TIME OF		21c H	IOW INJURY OCCUR	RED LENIER NATU	RE OF HUJURY IN ITEM 18	PART I OR PART	4.5	NO
NO	SHI OUTES	X	UNDERLYING CONTRIBUTIN	G CAUSE OF		MONTH DAY YE	AR						
VISIO	SEP 1	AEDI	214 INJURY OF			FINJURY (ATHOME,		CATION	CIT	YORTOWN	COUNT	TV	STATE
ō	THIS (WRI	~	AT WORK	NOT WHILE AT WORK							COUNT		JIAIC
	111 5 10		22a. I certify	that I taok charg	ge of the remains descr	ibed obove, held an	Autop	osy XX Inspect	ion . In	nquiry . ar	nd in my apin	an	
	E - E - 4	133	death resulte	d from: Natu	rol couses 🔀 ,	Accident .	Suicide], Homicide	Undetermi	ned monner .			
	EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: WITH THE!		ACTUAL	7.	-	,		TITLE (SPECIFY)	- I.		DATE	12 20 (0.0
	SHE SHOW		SIGNATURE_	111-6	ny		^	A.D. Assista	1C_MEDICAL	EXAMINER	DATE SIGNED.	12-20-8	30
	TO MEDICAL EXAMI EXECUTE THE CERTIFI PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH, WITH BALTIMORE, MARYL		EXAMINER'S N (TYPE OR PRIN	MAME Will	iam M. Zar	ne, M.D.		ADDRESS_ 111	Penn St	., Balto)., Md.	. 21201	1
	. 44 //	23a.B	SPECIFY)	ION, REMOVAL		23c. NAME OF C			23d. LOCAT		COUNTY	317	NTE
07.84 25M	BP 441	24 51	Buri UNERAL DIRECT		12-24-86	St. Mar			Boyd:	s, Montg.	Mary.	Land	
	DHMH - 17 (VR A15 ME (5))		NAME		ADCK! JJ	N. Washing		050	20 198	45		A	
	(VK A15 ME (2))		eorge 1	R. Snowde	en Rock	ville, MD	20000	DEC	20 190	Mulia	Dunder	CONTRACTO	A



			1 1	tems, 23b,23c	, 23d , GEPARTMEN	STATE OF MARYLAND	LIVOIENE	
12	67	46 DEC 1	110	STATE 2/12/86 by	F. HMEDICAL EX	TO THE PROPERTY OF THE PROPERTY OF		
	-	LO OFF	0	Chai	MEDICALEX	AMINER'S CERTIFICATE	OF DEATH & REG NO	
-	7			CEASED NAME 1 7 FIRST	WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR
		公司的表現		OSCAR	DAVID	COBB	OF ESTI-	Dec 08 ₁₉ 86
		SETTE A	44	4. RACE S		GE (IN YEARS IF UNDER TYR. IF UND AST BIRTHDAY) MONTHS DAYS HOURS	DER 24 HRS 21. DATE PRONOUNCED	MONTH DAY YEAR 24 HOUR
		2000		MB	8 24 44	42 YRS.	DEAD	Dec 08 19 86 9a. M
	_	22 TE		IRTHPLACE (STATE OR 7	b. CITIZEN OF WHAT COUNTRY	8 MARRIED WEVER MA	9 BALTIMORE CITY OR	
		DASE &		N.C	71.S.A.		RCED . C	AAD
	_	SHE S	/10 C	ITY OR TOWN OF DEATH	II. NAME OF HOSPITAL, NURSIN	G HOME, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE C	OF WORK 126 KIND OF BUSINESS
		ALAHAM!	Ca	amp Springs	7006 Berkshire	Drive	Bus Operato	OR INDUSTRY
	=	SE SE SE	W50	AL RESIDENCE (IF IN NURSING HOME OR			- CT STATE	THEISH TIELFO
	2120	A SEPTION	9	TATE Md. 13 COUNTY	G. CITY OR	SPANA S YES P NO 1	130 STREET ADDRESS	INP DE
	9	# Michigal	71.7	ATHER'S NAME		IS. MOTHER'S MA		in c you
	- 2	张祖奉是60	1	Hilldridge	MIDDLE	ab 1 HAT	WINDLE DANGE	LAST LAST
	NO	25 × 2 - 7		WAS DECEASED EVER IN U.S. A ME		SECURITY NO. 17 INFORMANT	C a Market	DIVINGE MA DATE
	Ē	EAN SECTION /	((ES, NO OT UNKNOWN) (IF IEE OF WA	AR OR DATES)	11-11-000 V-1-11	Malal Jan Ro	W/ 5 10 00 1/46
	1	Dese /	-	18 CAUSE OF DEATH (Enter only		TTOUR JOBIN	Cobb-1006 BE	APPROXIMATE INTERVAL
	10	CO S S S	1	PART I DEATH WAS CAUSED E	Fever of	unknown origin		BETWEEN ONSET AND DEATH
	18	NAME OF THE PARTY	-	IMMEDIATE	(DUE TO, OR AS A CONSEO			
	-	A S S S S S S S S S S S S S S S S S S S		Conditions, if any, which	DOE TO, OK AS A CONSEC	DENCE OF		
		NCI		gaye rise to immediate couse (a) stating the under-	(b)			
	2	A SAME	12.	lying cause last.	DUE TO, OR AS A CONSEO	UENCE OF		
	5,2	DE GENERAL STATE OF THE STATE O	2		(c)			
	RECORDS	BE EXECUTED WITHING WITHING TO BE EDICAL EXAMINER AS BURIAL - TRANSIT AND MENTAL HYPAND MENTAL HYPAND MENTAL HYPE REMATION, OR REMO	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 to:	
	EC	~ # S 4 4 U -		190 DATE OF OPERATION	100			
	N Y	DOBOT T	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED?		20 AUTOPSY?
	7	SHOOP CHANGE	1 5					YES NO XX
	0	CERTIFICATE SE STAND THE WORLD TO THE CO TO TO THE CO TO SHOULD BE TO SHOULD BE TO SHOULD BE TO SHOULD BE		210 EXTERNAL CAUSE WAS	216. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR 216 HOW INJURY OCCUR	RRED LENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2)
	DIVISION	AR TO THE	MEDICAL	CONTRIBUTING CAUSE OF DE		19		
	VISI VI	3 SECTION AND AND AND AND AND AND AND AND AND AN	100	21d INJURY OCCURRED	21e PLACE OF INJURY (AT STREET, FACTORY, FARM, ETC.)	HOME, 211 LOCATION	CITY OR TOWN	
	۵	E, WRIT RWARDI PAGE ; STATED), 21201	2	AT WORK AT WORK		STREET	CITORIOWN	COUNTY STATE
				22s Leartify that Ltook charge	of the remains described above, h	eld on Autopsy . Inspec	tian , Inquiry X, and	
		EXAMINER: CERTIFICATE ULD BE FOR: DIRECTOR: F, WITH THE S MARYLAND,		death resulted fram: Natural	TŽ1	, Suicide , Hamicide	Undetermined manner	in my opinion
	-	RECONSTITUTE OF BEING		death resolled train: [Natorol	cooses L., Accident L.			
		L DIR DUID DUID H, WII		ACTUAL THEMAS	A X Voluce	Deputy		DATE 12/8/1986
		SEA STA	F	SIGNATURE	1/1/	M.D. Deputy	MEDICAL EXAMINER	SIGNED 12/0/1900
		A PINA	4	EXAMINER'S NAME Augus	to P. Rodriguez	, M.D. ADDRESS 5009	Rayburn Ct., Tem	mle Hills. Md
		TO MEDICAL E EXECUTE THE C PAGE 4 SHOUN TO FUNERAL D AFTER DEATH, D BALTIMORE, M	23 ₀ B	URIAL, CREMATION, REMOVAL 23h.		OF CEMETERY OR CREMATORY	1234 LOCATION -	
	07.0		(SPECIFY		Rock Baptist	23d LOCATION Rockin	
	07/84 25M	BP	24 F	UNERAL DIRECTOR			Nor	th Carolina IRAR'S SIGNATURE
		DHMH - 17 (VR A15 ME (5))	1.1	MANE -	ADDRESSANNEPO	The state of the s	C 1 0 1986 / Aug	Tinder Polace
		(AK WID WE (2))	IV	WILLIAM PEGENOVI	NS. Mortuary-82	WASE ST.		De selve Comments

02671 17116 or a company of the c out of the state of the state of CONTRACTOR OF STREET Content of the conten me to the fire from the

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR			CEKIII	ICATE OF D	EATH		REG. NO).		
3		CEASED NAME FIRST	٨	AIDDLE	-	LAST		2a. DATE OF DE			DAY YEAR	26. HOUR
-	TYPE	MARIE	E.		FRA	NK		JUNE	11	198	6	3:30PM
	3. SEX		4 RACE		5. DATE C			6. AGE IN YEAR	S LAST BIRT	HDAY)	IF UNDER I YEAR	
		FEMALE	WHIT		APR	IL 17,	1893		93	YRS.	IONTHS DAYS	HOURS MIN.
4	-	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B.	D NEVER A	AAPPIED T	9. BALTIMORE	CITY O	COUNTY	OF DEATH	
	Ka	assel, Germany	U.S		WIDOWE	DXX DA	ORCED			eorge		MD
Ž	C	ty or town of death	8403 E	HOSPITAL, NURSING H FACILITY, GIVE STREET A Cho Lane	DDRESS)	OR OTHER INST	TUTION	12a USUAL OCCUPTE OF WORK FO	R MOST OF	WORKING LIFE	126. KIND (INDUSTRY Priv	
5	Ma:	ryland P.G	VTY	GIVE RESIDENCE BEFORE. 136. CITY OR TOWN Clinton		134 INSIDE C	NO 🗌	13. STREET ADD 8403 E			20	735
1	14 FA		MIDDLE	LAST	344		MAIDEN NAM		NIDDLE			A5T
1		Ernest		Walter			rie				Pisto	r
1		VAS DECEASED EVER IN U.S. AR	E WAR OR DATES!	166 SOCIAL SECUR	RITY NO.	17. INFORMA	NT		ADDRE:	55		
1	No	o N/A	1	208-18-6	308	Liese	lotte B	urkhart		same		
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	C 01/							1113	BETWEEN	XIMATE INTERVAL I ONSET AND DEATH
		IMMEDIAT	E CAUSE (0)	ARDIOPU	ILMO	NARY	ARRES	T			MINU	JTES
		Section 1975 But	DUE TO, OF	R AS A CONSEQUE	NCE OF							
2		Conditions, if ony, which		ASSIVE I		T CERI	EBRAL	ISCHEM	4IC	STRO	KE D	AYS
Н		gove rise to immediate couse (a), stating the)	R AS A CONSEQUE					EVE			
		underlying couse lost.		THEROSO		OTIC C	CORON	ARY HE	ARI	DISI	EASE.	YEARS
	z	PART 2 OTHER SIGNIFICANT										
	TI OIT	Left Hemipare	sis, Let	t Great t	oe ga	angrene	e, card	iomegal	y an	d hyp	perten	sion
	MEDICAL CERTIFICATION	146 DATE OF OPERATION	196. CONDI	TION FOR WHICH (JPERATIO	N WAS PERFO	KWED	20a AUTOPS		IN CERTIFY		S OF DEATH?
1	ERT	21a ACCIDENT WAS UNDERLYING	1 21b. TIME O	E INTUING		Tar Howen	LUBY - CCUP		XX			NO 🗌
	C	OR CONTRIBUTING CAUSE OF DEA		M. MONTH DA	Y YEAR	ZIC HOW IN	JURY OCCURR	ED (ENTER NATURE	E OF INJUR	Y IN ITEM 18 PA	RT I OR PART 2)	
	ICA	LIFEITHER NOTIFY MEDICAL EXAMINER			19							
	MED	21d. INJURY OCCURRED WHILE NOT WHILE	218 PLACE O	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	211. LOCATIO	N	c	ITY OR TOW	/N	COUNTY	STATE
٦	-	AT WORK — AT WORK			Mav	19	77	111	ne l	1	96	
		220.1 certify that (1) (this hospi saw the deceased alive on	June	11 19 8	17	nd that in (my)	(our) opinion o	eoth occurred o		te and hour	9 86	that (I) (we) lost
		abave, (1) (we) (did) (did no 27b. SIGNATURE	t) view the body	ofter death.		DEGREE						SIGNED
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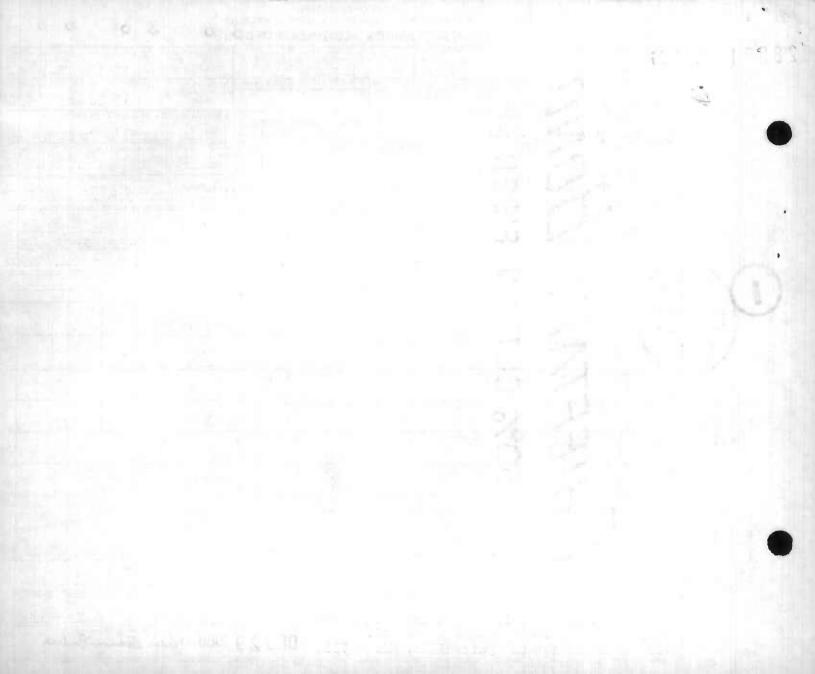
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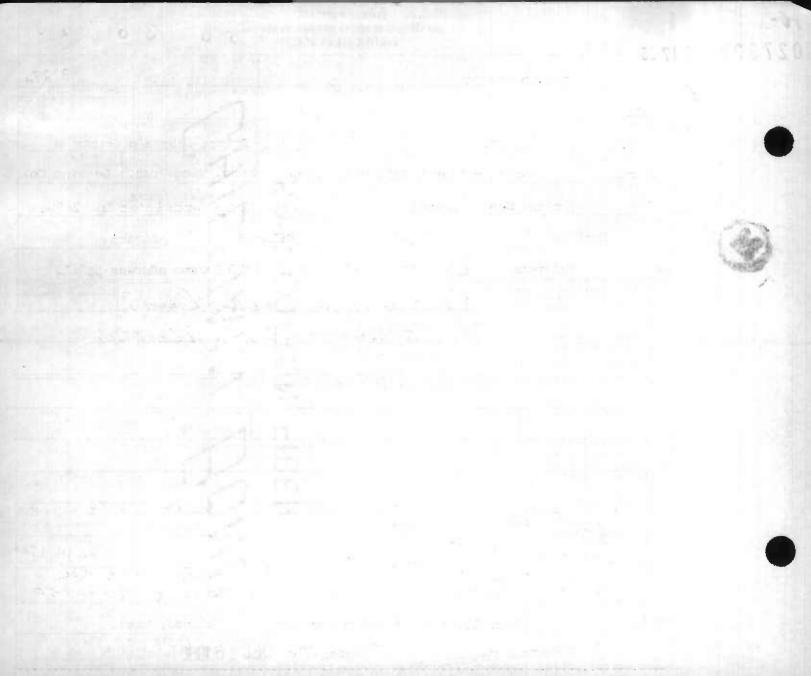
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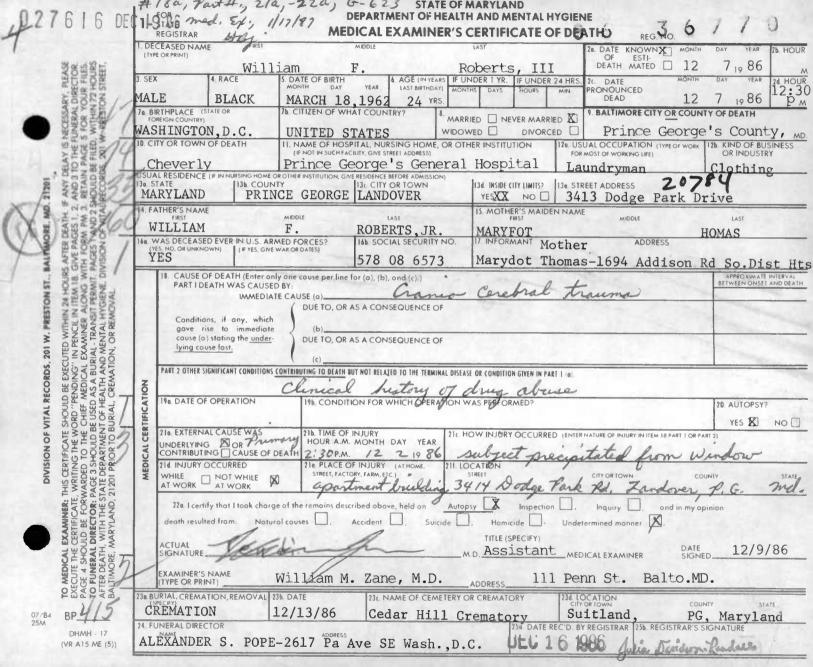


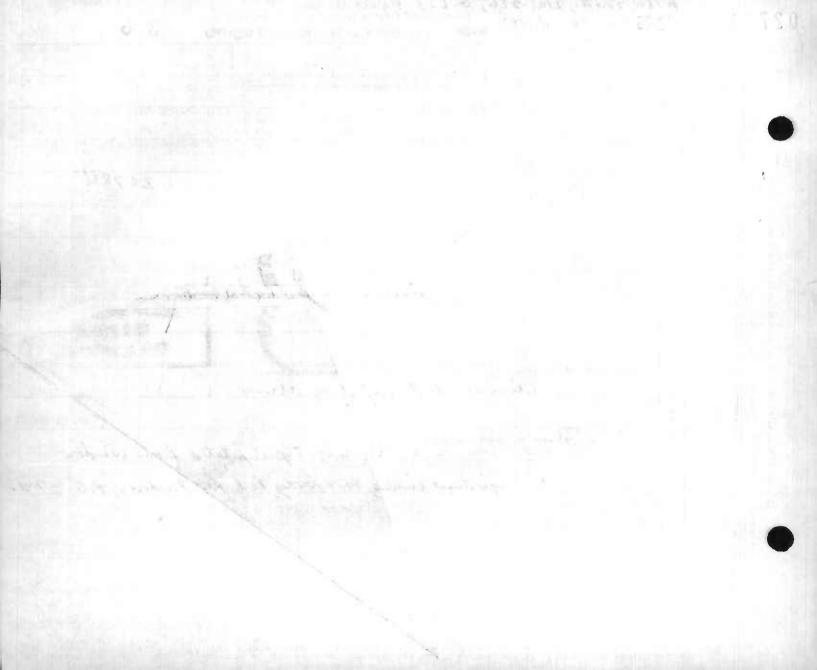
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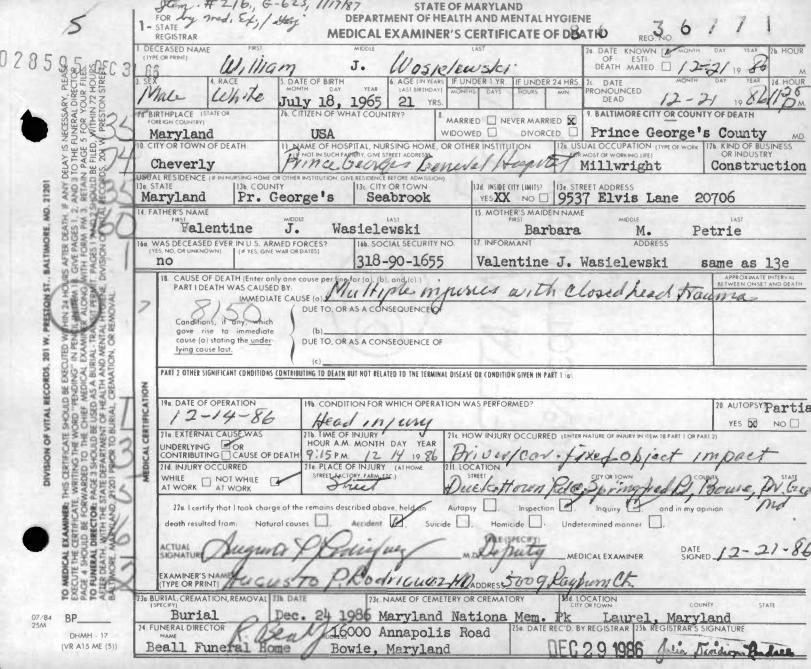
24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4) Ives-Pearson Funeral





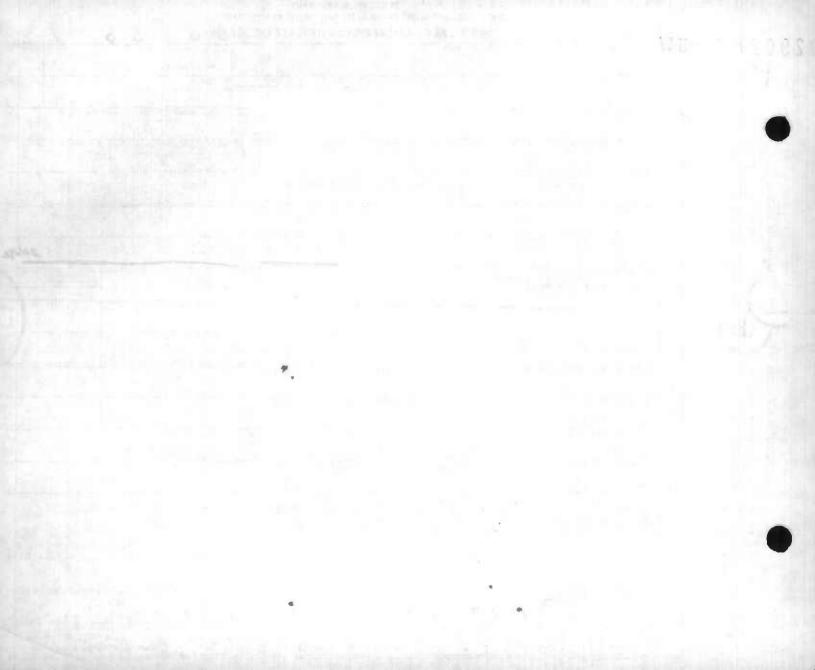




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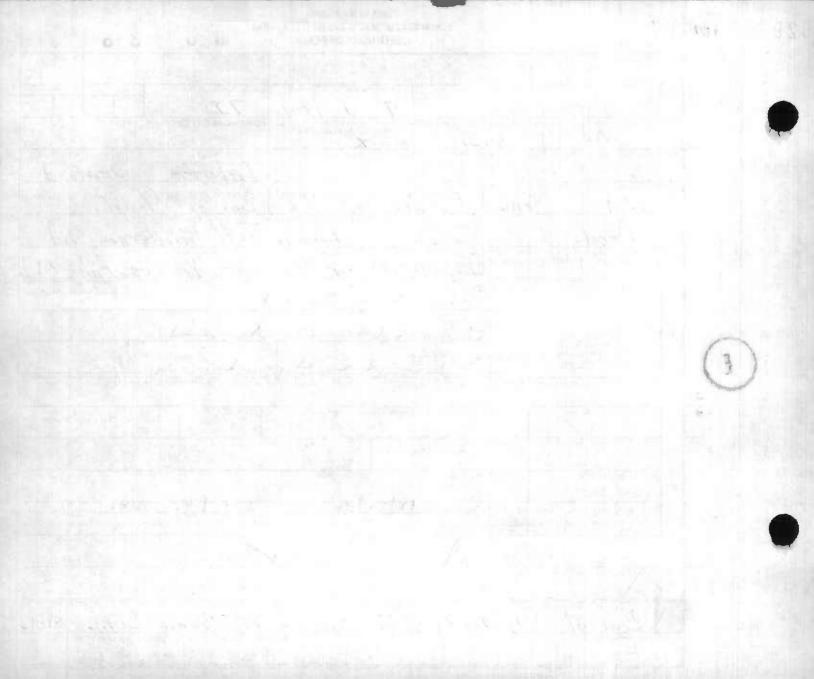
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H - 16 60M 7/84		INERAL DIRECTOR	2: 5	ADDRESS	250 D	ATE REC D. BY REGISTRAR	25b. REGISTRAR	'S SIGNATU	
(VRA 15, 4)	A	nthony Ward, C	ove St., Cr	istield, Mo	1. 21817 1	6 1007 114	و دوم	D. Land	Acres .



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 17 STATE CERTIFICATE OF DEATH REG. NO. REGISTRAR 1. DECEASED NAME MIDDLE Is DATE OF DEATH 25. HOUR (TYPE OR PRINT) 3. SEX 4. RACE DATE OF BIRTH 6 AGE (IN YEARS LAST METHORY) OF LUNCOUR ! YEAR MONTH YEAR 06 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN MARRIED NEVER MARRIED WIDOWED DIVORCED [NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION AN COUNTY 130 STATE 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for un) (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEAS. OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO | 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED THE LOCATION 21e PLACE OF INJURY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OF TOWN NOT WHILE AT WORK AI WORK 22a I certify that (1) (this hospital) attended the deceased from . that (I) wellast No shot in (aux) apinian death accurred an the date and haur and from the causes she 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN ould be 0 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY JIY OR TOWN 250. DATE REC'D. BY REGISTRAR 256. REGISTRA DHMH - 16 60M 7/84 (VRA 15, 4)

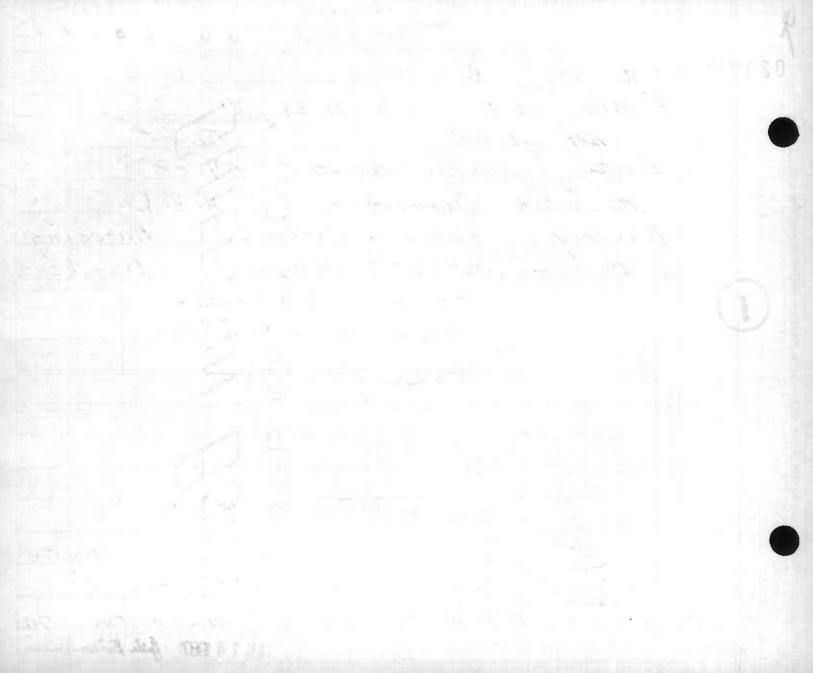
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T. po	3. S	EX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HR			
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and and a	51/	Devolson Ca	rtwright LAS	Virginia	Mon + acus			
d col	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO. 17 INFORMANT	ADDRESS Preston, Md.			
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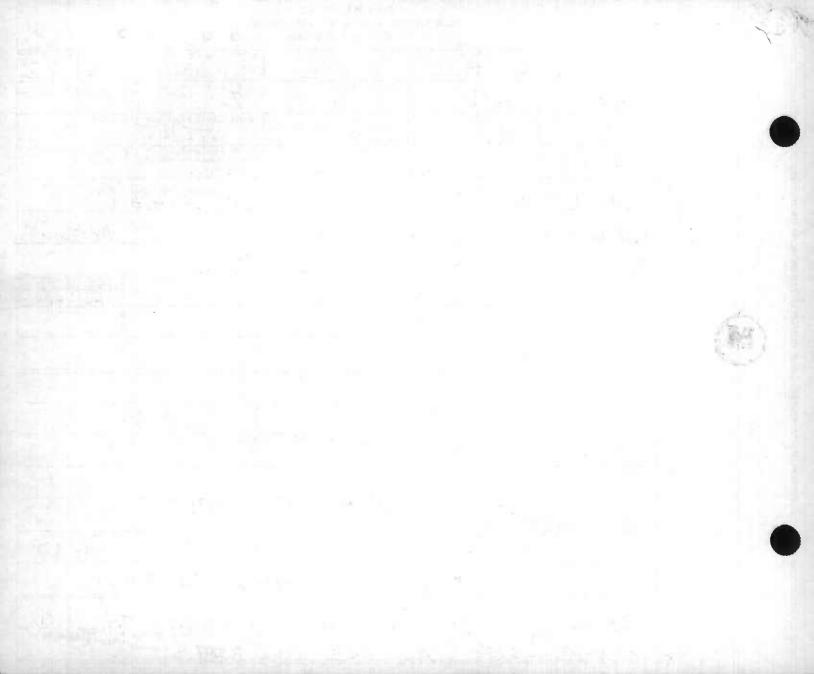
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119	E I					YES 🗍		TIFYING CAUSES	OF DEATH?
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- N				STATE OF MARYLAND		
3365 FEB	- 1 i	7 FOR STATE REGISTRAR	DEP/	ARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 6 REG. NO	36118
oy be deoth	(1)	ECEASED NAME FIRST PE OR PRINT) MARI		Pierce		MONTH DAY YEAR 26. HOUR 45
ore 4 mo	3. S	Male	BK	S. DATE OF BIRTH	6. AGE (INTERAS LAST BIRT	MONTHS DAYS HOURS MIN.
death of the state	5	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF DEATH
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AND 21	130	STATE NO 136. CON	11 -1	OVA YES NO YES NO	13e.STREET ADDRESS	ZIP CODE 21625
MARYI Marying	0	ATHER'S NAME	MIDOLE PIC	15. MOTHER'S MAIDEN NAI	MIODLE	McQuay
TIMORE be execu-	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL SIVE WAR OR GATES)	3.336 Florence	Wilson	7
ST., BAL printicone properties on popular emoval.		PART I. DEATH WAS CAUS	nly one cause per line for (a), (b ED BY: (TE CAUSE (a)(COR PULTUNALE.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
PRESTON ST		Conditions, if any, which	DUE TO, OR AS A CONSE	QUENCE OF		
201 W. PR		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	EQUENCE OF		
	NO.	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN PART 1101
PEC.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WH	TICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VITAL NG PHYSICIAN: The offending physician wher this certificate ha of the buildinronsit p th and Mental Hygien arked or frem. 8 show		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR 19 21t. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
DING PHYS or attendir After this e os the bu	MEDICAL	214 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 211. LOCATION STREET	CITY OR TOV	WN COUNTY STATE
VTENDI or spital or CTOR: A far use of Heol		saw the deceased alive on	oital) attended the deceased from 12-6 96		deoth occurred on the do	te and haur and Iram the causes stated
L DIRE tocher		226. SIGNATURE	de Rain	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	FIAN [27. DATE SIGNED
TO HOSPITAL retoined by 1 TO FUNERAL should be det with the Store		22d PHYSICIAN'S NAME (TYPE	"New BAN	/ 27e ADDRESS	ou, Rd	, 21601.
BP		BERIAL CREMATION REMOVAL	12/10/86	Old Chane	23d. LOCATION CITY OF TOWN	a TH Min
DHMH - 16 60M 7/8- (VRA 15, 4)	24	UNERAPOMECTOR **	Do (SID (2004)	254 DATE	REC'D. BY REGISTRAR	26. REGISTRALS SIGN. LIRE



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						OF MARYLAND				
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Poges medica	n		IVE WAR OR DATES)	236-26-75	519	Janie L. Per	rry, Hager	stown,	Md.	
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low requires that to been signed by ermit. Then please the prior to burial, cr. es ony injury, or oth	NO.	PART 2. OTHER SIGNIFICANT		DNTRIBUTING TO DE		NOT RELATED TO THE TERM!	20a AUTOPSY?	206. IF YES, V	VERE FINDIN	NGS USED OF DEATH?
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		saw the deceased alive a above, (1) *** (Idd) (XX)	DEC. 3	ofter death.	, on	d that in (my)XXr) apinion d	eath occurred an the de	ate and hour ar	nd from the	couses stated
L OR ATTENDI the hospital or toched for use to Dept. of Heal		saw the deceased alive a above, (1) Minuted (22). SIGNATURE	Xiew the body	ofter death.	, on	DEGREE			22c. DATE	SIGNED
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۵	or or se of the or mo		220.1 certify that (1)	(this hospite	ol) ottended th	e deceased f	rom_ de	2.	19 1975	10 Dec		1986	that (I) (we) last
	TEN POR OR		saw the decease	ed olive on_	Dec 3.		1986,0	nd that in (my) (a	our) apinion a	leath occurred on the	date and hou	r and from the	couses stated
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	nn		(SPECIFY)			7				CITY OR TOWN	Jo Ide	sh. Co	MESTATE
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1 71		T. DE	CEASED NAME THEL	MA BULLEY		AST	TO DAIL OF DEATH	L2 13	86	1:40 P
ge 4 may ecter, po ecter, po		1. SE	Female	White	5. DATE O		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	IF UNDER 24 HRS HOURS MIN.
eath, Pa	1	N. S. S. A.	amden, New Jerg	b CITIZEN OF WHAT COUNTRY	MARRIE WIDOWI	D NEVER MARRIED DED (X) DIVORCED	9 BALTIMORE CITY O WICOMIC		DEATH	MD
10 to the to	90	10. C	SALISBURY	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE SALISBURY NURS	ING HO		120 USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWI	WORKING LIFE IN	b. KIND OI IDUSTRY	F BUSINESS OR
AND 212 AND 212 filled in could be	35	13a.	New Jersey Co	ROTHER INSTITUTION, GIVENSIDENCE BEFORE INC. 112 OF PROPRIES MICHAEL DAKLYN	NACTY	13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS / 210 Worce		21	842
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15, 201 W. PRESTON ST. urres that the death certification by the calending p. recollects arrow curding p.	a be sal, crematin, or rem ury, to other, dumatic e-	z	Conditions, if any, which gave rise to immediate course to stating the underlying cause last.	DUE TO, OR AS A CONSEOL (c) CONDITIONS CONTRIBUTING TO	JENCE OF	red auter	AINAL DISEASE OR CONI	DITION GIVEN I	GO N PART 110	0-
ALRECOR The law requon.	2	RTIFICATIO	19s DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO		200 AUTOPSY? YES NO	206. IF YES, WE IN CERTIFYING YES	CAUSES	
VISION OF VIII 5 PHYSICIAN Thending physic the busicitizen	and Mental Hy	MEDICAL CE	216. ACCIDENT WAS UNDERSTORD. ON CONTRIBUTING CAUSE OF DE 19 ETHER INCITET WEIGHT BEARING 21d. INJURY OCCURRED WHILE IN THE CONTRIBUTION OF DE ALT MODE. IN CONTRIBUTION OF DE ALT MODE. IN CONTRIBUTION OF DE ALT MODE. IN CONTRIBUTION OF DE ALT MODE.	HOUR A.M. MONTH	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI		OR PART 2)	STATE
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O FUNE	WPORTA	1	E.M. Beardsle				RT.50,SALI	SBURY,M	D.218	301
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DHMH - 14	60M 7/84	24 FI	uneral director Holloway Funer	cal Home, P.A.ADDRES	alisbur	v. Maryland A	N 1 6 1987 AR	PAREGISTRAR	SIGNA	andaes.



ENDING PHYSICIAN The

DHMH - 16 60M 7/B

(VRA 15, 4)

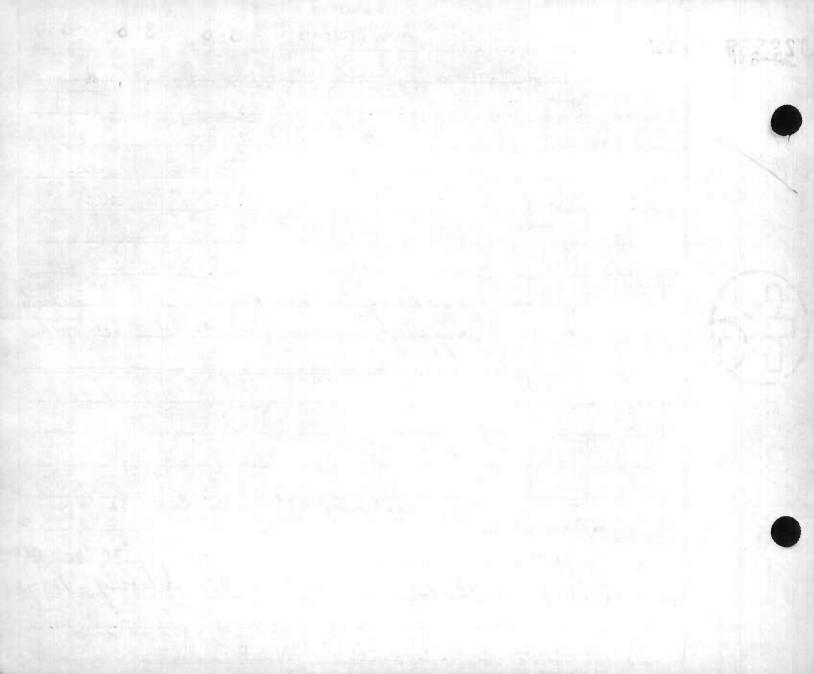
FOR

STATE OF MARYLAND

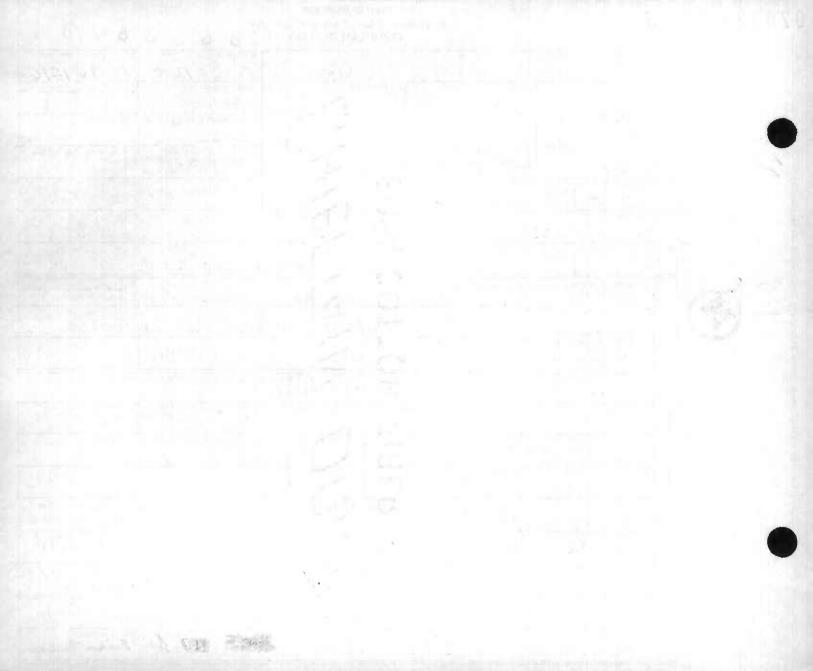
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	6 REG.	NO.	3	6	1	8	
E OF E	DEATH	MONTH	DAY	YΕ	AR	25 HOUR	?

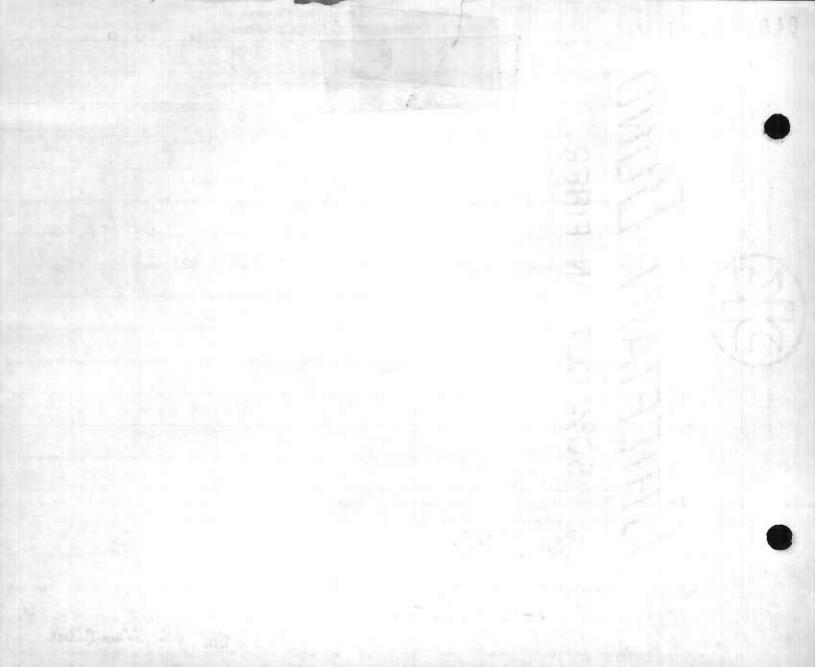
	- STATE PROGISTRAR				CERTIF	ICATE OF DEATH		8 PEG. NO).	0 /	9
I. DE	ECEASED NAME	FIRST		MIDDLE	l	AST	20 [ATE OF DEATH	MONTH E	DAY YEAR	26 HOUR
		Melv	in C	lifton		Hutt		December		25 198	
3 SE	EX	4. RACE		S. DATE OF				6 AGE (IN YEARS LAST BIRTHDAY)	(HDAY)	MONTHS DAYS HOURS	HOURS
	М	(80)	B1k		Mai			65	YRS		
	SIRTHPLACE (STATE OR	FOREIGN 76		WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 B	ALTIMORE CITY O	R COUNTY	OF DEATH	
0	Salisbury	./	IISA		WIDOWE			Wicomico	Line.		
10 C	CITY OR TOWN OF DE	ATH 11	. NAME OF	HOSPITAL, NURSIN		OR OTHER INSTITUTION		USUAL OCCUPATI		126. KIND O E) INDUSTRY	F BUSINES
9	Salisbur	v				Med. Center		Operato			tel
	JAL RESIDENCE IN NUR	SING HOME OF OT		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMIT	120	TREET ADDRESS	7IP CODE		
0	Md.	Wicon		Salisb		YES NOX	R	t. 2, Box	x 294	21801	1
14. F/	ATHER'S NAME			LAST		15. MOTHER'S MAIDEN	NNAME				
20	Harris		DDLE	Hutt		Ella	1	WIDDIE	Har	monute	,
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU	RITY NO.	17 INFORMANT		ADDRE		A K MANA	
1	(YES, NO OR UNKNOWN)	WWTT		222-01-74	125	Victoria	LI. ++	Add. sa	.mo 00	abovo	
						VICTORIA	,	Auu. Se	une as		MATE INTERV
	PART I. DEATH V			() 01 -		- Parlil				V.	
100		IMMEDIATE	CAUSE (o)	Color	1200	1 Comment	ant			~,	ance
			DUETO	R AS A CONSEQUE	NICESTE	tt -					
1			DUE TO, O	K AS A CONSECUT	TO CE OF		17-11-1			100	
1	Conditions, if any		(b)_	1116	Lesk	ension	2			611	ron
3.	gove rise to im		}	//		200					
1	cause (a), stating the DUETO, OR AS A CONSTOUENCE OF underlying cause last.										
	underlying coust	1031	((c)				,				
	DART 2 OTHER CIC	NUEICANITCO	NIDITIONS CO	ONITRIBUTING TO I	SEATH BUT	NOT RELATED TO THE	TEDANINIAL	DISEASE OR CON	DITION CIV	ENLINI DADT 1	
2	PART 2. OTHER SIG	MIFICAINTCO	INDITIONS CO	ONTRIBOTING TO I	DEATH BUT	NOT KELATED TO THE	IEKWIIIAME	DISEASE OR COIN	DITION GIV	EIN IN FART TO	•
NOI	18- DATE OF OBERA	TION	TIBL COND	ITION FOR WHICH	OPERATIO	NI WAS DEDECTRALED	1 20	a AUTOPSY?	Tank IF YES	S. WERE FINDIN	JGS LISED
1 0	N DATE OF OPERATION		196 CONDITION FOR WHICH OPERATION WAS PERFORMED			21	IN CERTIFYING CAUSES OF DEA				
CERTIFICAT	LUCY ST							ES NO	YE		NO 🗌
Ü	21a ACCIDENT WAS UN		216. TIME C	FINJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OC	CCURRED	ENTER NATURE OF INJU	RY IN ITEM 18 P.	PART 1 OR PART 2)	
7 3	OR CONTRIBUTING			M.	19						
MEDICAL	21d INJURY OCCUR	RED	21e PLACE		-1-2-	211 LOCATION	100	CITY OR TO	WN	COUNTY	ST
Z	WHILE NOT W	HILE	TAT HOME ST	REET, FACTORY, OFFICE F	ARM, ETC.)	SIREET		CITONIO			
	220.1 certify that (1) (this haspital) attended the Accessed from 15 July 19 86, to 25 July 19 86, that (1) (we)										
	sow the deceased olive on										
	22b. SIGNATURE	didital	view the body	ofter death.		DEGREE				72c. DATE	SIGNED
	STATE ATTENDING MEDICAL STAFF								0		
_	PHYSICIAN DIRECTOR PHYSICIAN							50 4	ec		
	22d PHISICIAN SIN										
	+- 1	AME HYPE ORP	11	111	1	1-3/1	9	- ft	11	7.	2
	E.A.	Pura	rell	M.C).	652 W.	man	ist,	Salı	fung	h
23a	E.A. BURIAL, CREMATION	Pur	23b. DATE	M. C	NAME OF C	652 W.	man ORY 2	Sd LOCATION CUTY OF TOWN	Sah	fury	h
23a	(SPECIFY)	Pur	23b. DATE			652 W.		CITY OR TOWN	Sch	Juny	
23a	B urial FUNERAL DIRECTOR	Pur	rell	-86 Gr	een /	LEMETERY OR CREMATO		CITY OR TOWN	Sals 25h_REGIST	ico.	Md.
E	B Urial FUNERAL DIRECTOR	REMOVAL	236. DATE 12-30	-86 Gr	een /	emetery or cremator		CITY OR TOWN	Sals V	ico.	Md.



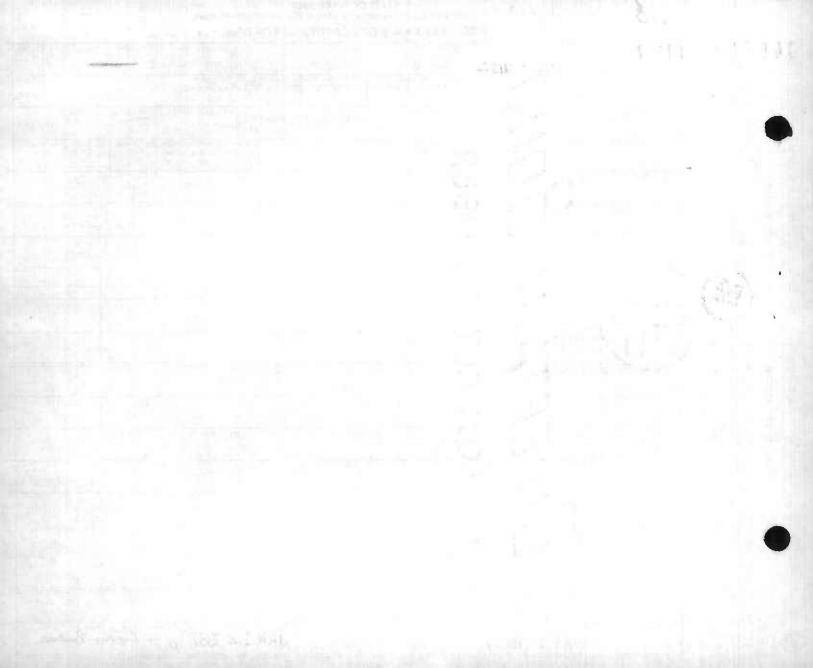
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ZJJJ/ JAN	٦.	FOR STATE REGISTRAR			DEPAR		EALTH AND I	MENTAL HYG DEATH	11 6	3	6	1	8 4	
	1. DE	CEASED NAME	FIRST		MIDDLE	ı	AST		20. DATE OF DE.	EG. NO.	DAY	YEAR	2b. HOUR	-
Page 4 may be director, page 3 hours after death		OR PRINT)	ACE	FR	ANCES	R	-dde	11	7		28,1	1986	1210	4.4
moy pog	3 SE		102	4. RACE	1110110	5. DATE C	F BIRTH		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER 24 HRS	M
ge 4	F	EMALE		WHITE		Jun	e 27,	1927	59	YRS.	MONTHS	DAYS	HOURS	
Pood and	7a BI	RTHPLACE (STATE OR F	OREIGN	76 CITIZEN OF	WHAT COUNTRY	? 8. MARRIE	XX NEVER A	MARRIED -	9 BALTIMORE	CITY OR COUNT	Y OF DE	ATH	12.074	_
Se la	M	ARYLAND		USA		WIDOWE	D Dr	VORCED [Wicomic				N	D.
2 1 80	Sa:	ty or town of deal	g.	Peninsu	HOSPITAL, NURS HEACILITY, GIVE STRE LLA CENE:	cal Ho		TITUTION	12a. USUAL OCC (TYPE OF WORK FOR HOUSE)	MOST OF WORKING		KIND OF DUSTRY	F BUSINESS O	R
1 1 3 S	13a. S M	ARYLAND	136 COUN	VIY	OCEAN	WN	13d. INSIDE C	NOX	Rt. 1,	RESS / ZIP COL Box 25	57 D	, 2,	1843	2
1 1270		THER'S NAME FIRST		MIDDLE	ŁAST			S MAIDEN NA		DDLE		LAST		
3 1 16/150	_	HARLES	DAV		UDSON		KATI	5		ADDRESS		PAL	MER	
Le sur de la sur	N	VAS DECEASED EVER (ES. NO OR UNKNOWN)		VE WAR OR DATES)	221 16		Mary		lawkins	Selby				
		PART I. DEATH W	AS CAUSE	nly one cause per D BY TE CAUSE (a)		dial	ANG	est.			В	APPROXIA LETWEEN O	MATE INTERVAL DNSET AND DEATH	_
DS, 201 W. PRESTO quires, that the death signed by the cut has please seen to buriol, creme of signey, or other tramo	NO	Canditions, if any, gove rise to imm cause (a), statin underlying cause	nediate g the last.	(b) DUE TO, O	R AS A CONSEQ	UENCE OF	walle value not related		there:					_
At RECOR	RTIFICATION	19a DATE OF OPERAT			ITION FOR WHIC	H OPERATIO	N WAS PERFO	PRMED	20a AUTOPSY	IN CERT	ES, WERE	FINDIN	GS USED OF DEATH?	
SECIAN Certificat Cert	MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	R) P.	M. MONTH M.	DAY YEAR			RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR	PART 2)		
NG Per the standard of the sta	MED	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗍	21e. PLACE (AT HOME, STR	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC)	21f LOCATIO STREET		CII	Y OR TOWN	CO	PUNTY	STATE	
ATTEND mphol o CCTOR / d for one c of Head		220. I certify that (I) saw the decease above, (I) (we) (p		0 10	0/1 5/1	. 01			, todeath occurred ar	the date and ho	19 our and fr		that (II (we) la causes stated	st
RAL DIRE		22b. SIGNATURE	6	1		W		ATTENDING PHYSICIAN LE	MEDICAL DIRECTOR F	STAFF PHYSICIAN [22	12	28 PP	
O FUNER TO FUNER O FUNER WPORTAN		22d. PHYSICIAN'S NA	dl.	K. HI	EATA		220 ADDRES	ALIJ	BUNY	terna	SH1	, -	I. DRV	12
BP	В	URIAL, CREMATION,	REMOVAL	12/31	/86 E	vergr	een Co	emeter		in Wo			MDSTATE	
DHMH - 16 60M 7/B4	24 FI	INERAL DIRECTOR KIRK BU	DRAG		Willian erlin,		21811	25a DAT	PEC P. BY REGI	STRAR 256 SEGIS	TRAR'S	IGNATU	Pandace	
(VRA 15, 4)	144 .	NIN DU	LDAG	ы Бі	CT TTII,	TID	21011			0			1.100	



0.1.0			FOR UNK. #87-14	DEPARTMENT OF H	EALTH AND MENTAL HYG	IENE	
0408	73 Ju		STATE REGISTRAR		ER'S CERTIFICATE OF D	EATH	10
	. 0 0111	I. DE	CEASED NAME FIRST	WY)DFE	LAST	20 DATE KNOWN MONTH	DAY YEAR 25 HOUR
196	J.490.J	(1Ai	E OR PRINT!		COOMM	OF ESTI-	
EAS	OR YOUR FILES	3. SEX	MARCUS 14. RACE 5. DA	S. IE OF BIRTH 6. AGE (IN YEAR	SCOTT RS IF UNDER 1 YR. IF UNDER 24 H		29 19 86 M
4	27.24 N	,	n 0 00 b Mo	NTH DAY YEAR LAST BIRTHDA	MONTHS DAYS HOURS MIN		10:50
	25.00	70 B	RTHPLACE (STATE OR 7b, C	ITIZEN OF WHAT COUNTRY?		1. BALTIMORE CITY OR COUNT	
O SS S	2		BEIGN COUNTRY)	2 / 0	MARRIED NEVER MARRIED	_	
罗	500	10 C	TY OR TOWN OF DEATH	TAME OF HOSPITAL, NURSING HOME,	WIDOWED DIVORCED	USUAL OCCUPATION (TYPE OF WORK	Y MD. 12b. KIND OF BUSINESS
2	EABY)()	10. 0	(1	F NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
3	Zawa -	LISIT	Fruitland wo	ods - 100 yds. fr			
21201 FANY	S S S S S S S S S S S S S S S S S S S	130, S		13c. CITY OR TOWN		STREET ADDRESS	2/826
BALTIMORE, MD.	30 27	14. F	ATHER'S NAME MIDD	LE STATE	15 MOTHER'S MAIDEN NA	AME MIDDLE Q	D 300
NO NO	PAGES 1 AL	16a. \	VAS DECEASED EVER IN U.S. ARMED F		NO. 17 INFORMANT	ADDRESS	ancey_
AFTE	WITH FOR		ES, NO. OR UNKNOWN (IF YES, GIVE WAR OR		0920 Viola H	on and Fair	10 9 mil
200		F	78 CAUSE OF DEATH (Enter only one		17 DA & KONGO N	wimen nau	APPROXIMATE INTERVAL
15.05	N. K.	13	PART I DEATH WAS CAUSED BY:	Hanging			BETWEEN ONSET AND DEATH
0 3	S S S S S S S S S S S S S S S S S S S	1	IMMEDIATE CAL	DUE TO, OR AS A CONSEQUENCE O	F		
A SE	EACH SERVE		Canditians, if any, which				
W. W.	N A A A A		gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE O	F		
201 CJED	I.E. WRITING THE WORD "FENDING" IN FENCIL IN LIEM IS. RAMARDED TO THE CHIEF MEDICAL EXAMINER ALGING, RAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, D. 7, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		lying cause last.		EV TOWERS		
	WATION WATION		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIL	UTING TO DEATH BUT NOT RELATED TO THE TERMI	IAL DISEASE OF CONDITION GIVEN IN PART L		
RECORDS,	SAPIC	Z					
ME DE	L GANA	ATI	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERA	TION WAS PERFORMED?		20 AUTOPSY?
VITAL	N S S S S S S S S S S S S S S S S S S S	IFIC	THE TANK				YES 🔀 NO 🗆
DIVISION OF VITAL	SENT PER CONTRACTOR	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF INJURY	TIL HOW INJURY OCCURRED (E)	NTER NATURE OF INJURY IN ITEM 18 PART I OR PAI	
N S	F COLVE	AL	UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	P.M. 4-29- 1986	Subject hanged	rolf	
ISIC	SE HOLL	3	21d. INJURY OCCURRED	21e PLACE OF INJURY (ATHOME.	21f. LOCATION	d Sell.	
S C S	ARDE AGE 3 ATE D 1201	X	WHILE NOT WHILE K	STREET, FACTORY, FARM, ETC.	Stanford Rd.		comico MD
F.	FORWA OR: PA(HE STA) ND, 213		AT WORK	WOOds	Dearmord Na.	riuiciana wic	COULT CO MID
pu 1							
SE	Z Z Z Z Z Z			e remains described abave, held an	Autapsy X, Inspection	Inquiry . and in my ap	inian
AMINE	RECTOR ITH THE RYLAND		270 I certify that I took charge of the death resulted fram. Natural cau		ide X, Hamicide Ur	Inquiry . and in my ap	inian
	L DIRECTOR WITH THE MARYLAND		death resulted fram; Natural cau		ide X, Hamicide Ur	ndetermined manner ,	
3	SHOULD BE FOIL BET FO		death resulted fram Natural cau		ide X, Hamicide Ur	ndetermined manner ,	1-9-87
MEDICAL	E A SHOULD BE FOUNDED		death resulted fram Natural cau	ses . Accident . Suic	Hamicide Ur TITLE (SPECIFY) Chie	ndetermined manner , DATE SIGNE	1-9-87
MEDICAL	DIRECTOR WARYLAND	73a, B	death resulted fram. Natural cau ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 736, DA	Dixon, M.D.	Hamicide Ur TITLE (SPECIFY) Chie ADDRESS 111 Penr	of DATE SIGNE n St., Balto., MD	1-9-87
TO MEDICAL	PAGE OF SHOULD BE OF THE CARIFFORD TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTMORE, MARYLAND	73a.B	death resulted fram: Natural cau ACTUAL SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Ann M.	Dixon, M.D.	Hamicide Ur TITLE (SPECIFY) Chie ADDRESS 111 Peni	ndetermined manner , DATE SIGNE	1-9-87
07-84 BF	PAGE 4 SHOULD BIF FOR THE CENTRICAL PROPERTY OF TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTMORE, MARYLAND	B	EXAMINER'S NAME (TYPE OR PRINT) JRIAL, CREMATION, REMOVAL 73b. DA PECETY) JNERAL DIRECTOR	Dixon, M.D. TE 23c. NAME OF CEM	Hamicide Ur TITLE (SPECIFY) Chie ADDRESS 111 Penr	of DATE SIGNE n St., Balto., MD	1-9-87
07-84 BF	PAGE OF SHOULD BE OF THE CARIFFORD TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BATTMORE, MARYLAND	B	EXAMINER'S NAME Ann M. RIAL, CREMATION, REMOVAL 733b, DA PECERY)	Dixon, M.D.	Hamicide Ur TITLE (SPECIFY) Chie ADDRESS 111 Penr ETERY OR CREMATORY 23	of DATE SIGNE St., Balto., MD d LOCATION CITYOR TOWN	1-9-87



	PE	EASED NAME	EUGE		DICAL EXAMIN	LAS	RIFICATE	20 DATE N	NOWN 1 MONTH	786
188E			- Participa	到现代	Mari e n	Rzeza			MATED X 1 ?	-87 T9 N
STORE	MA	The second secon		JUNE 22	1943 43 BIRTHON	MONTHS	DAYS HOURS	24 HRS. 2c. DATE MIN. PRONOUNDEAD		-87 19 6:05R
BA	Zu. Bi	RTHPLACE CLEATE OF		CITIZEN OF WI	18	3.		- 9 BALTIMO	DRE CITY OR COUN	
/		POLAND		USA		MARRIED	NEVER MARR	IED L	gany Coun	
7	ID. CI	TY OR TOWN OF DE	EATH I		SPITAL, NURSING HOME	, OR OTHER			ATION (TYPE OF WORK	126 KIND OF BUSINESS OR INDUSTRY
4	C	umberland		123 Wave	rly Terrace				DISABLED	
1	13a S	TATE	136 COUNTY		13c. CITY OR TOWN	130		13e STREET ADDRES		31502
7		ARYLAND THER'S NAME	LALLEGA		ICUMBERL AND		MOTHER'S MAID	EN NAME	***************************************	E
		STEPHEN			ZEZAK		ANASTAS		DOLE	GIETZ
	léa ∨ Ÿ	VAS DECEASED EVE ESO. OR UNKNOWN)	1967-19	PROFES?	564-70-461		INFORMANT RACHEL RZI	EZAK RFD#	ADDRESS 1 FLINTSTO	ONE MD ₂₁₅₃₀
7		PART I DEATH Canditions, if gove rise to	MAS CAUSED B' IMMEDIATE (ony, which immediate	AUSE (Mult DUE TO, OR	e for (a), (b), ond (c).) Liple stabwo AS A CONSEQUENCE (OF .				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N		cause (a) statu	it.	(c)	AS A CONSEQUENCE O					
	NO	PARI 2 OTHER SIGNIFICA	ANT CONDITIONS <u>CON</u>	TRIBUTING TO OFATH	BUT NOT RELATED TO THE TERM	INAL DISEASE OF	CONDITION GIVEN IN PA	RT 1 (a		
7	ATK	90 DATE OF OPE	RATION	196 CONDI	TION FOR WHICH OPER	ATION WAS	PERFORMED?			20 AUTOPSY?
	III									YES XX NO
	AL CER	210 EXTERNAL CA UNDERLYING CONTRIBUTING	OR		A. MONTH DAY YEAR			D (ENTER NATURE OF INJU	JRY IN ITEM 18 PART 1 OR P.	ART 2)
1	EDIC	21d. INJURY OCCU		21e PLACE	OF INJURY (AT HOME,	211 LOCA				
	M	WHILE AT WORK AT	WORK W		idence	12½ 1	Waverly T	errace (Cumberland	d, Maryland
		22a I certify tho death resulted Iro			Accident . Sui	Autopsy	Hamicide X	Undetermined mai		ipinion
		ACTUAL SIGNATURE	mycy	to 10	de Trille	M.D.	Assista	intmedical exam	DATE SIGN	1-8-87
_										
2		EXAMINER'S NAM	E M	largarita	a A. Korell	M.D.	DRESS1	.11 Penn St	treet	
2	23a. B!	TYPE OR PRINT) _	REMOVAL 236.	DATE	23c. NAME OF CEA	AETERY OR C	REMATORY	23d. LOCATION	COL	UNTY STATE
5	(5	TYPE OR PRINT)	REMOVAL 236.	DATE		AETERY OR C	CEMETERY	23d. LOCATION	E ALLEGAN	Y MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH 1. DECEASED NAME 2b HOUR (TYPE OR PRINT) CHARLES ERNE ST ARMSTRONG NOVEMBER 1986 2.00 IF UNDER I YEAR 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE_(IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS TO BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED ANNE ARUNDEL COUNTY WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TOF WORK FOR MOST OF WORKING LIFE INDUSTRY GLEN BURNIE NORTH ARUNDEL HOSPITAL Dalesmun NSURUNCE JOUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION CITY OF TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESSY ZIB CODE lendale 2409 SIRlancelot FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MSTRONG WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOI YES [NO F 21a. ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION LAT HOME STREET, FACTORY, OFFICE, FARM ETC ! CITY OR TOWN COUNTY STATE STREET NOT WHILE AL WORK 220.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive an above, (1) (we) (did) (did) and that in (my) (aur) apinion death occurred on the date and have and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING D. PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE COMPONE) 22e ADDRESS 300 HOSPITAL DRIVE #230 GLEN BURNTE DD HOLL 23¢ NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23b DAU 23d. LOCATION COUNTY REGISTRAR 216 DEGISTRAR'S SIGNATURE DHMH - 16 60M 7/B4 (VRA 15, 4)

FEB 19 WW AL ELEM

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 should be detached for use as the burial-transit permit. Then please remove corban paper with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal TO HOSPITAL OR ATTENDING PHYSICIAN: The low

injury, or other traumatic event, the

IMPORTANT: If Hem 21 is morked or Item 18 shows ony

STATE OF MARYLAND

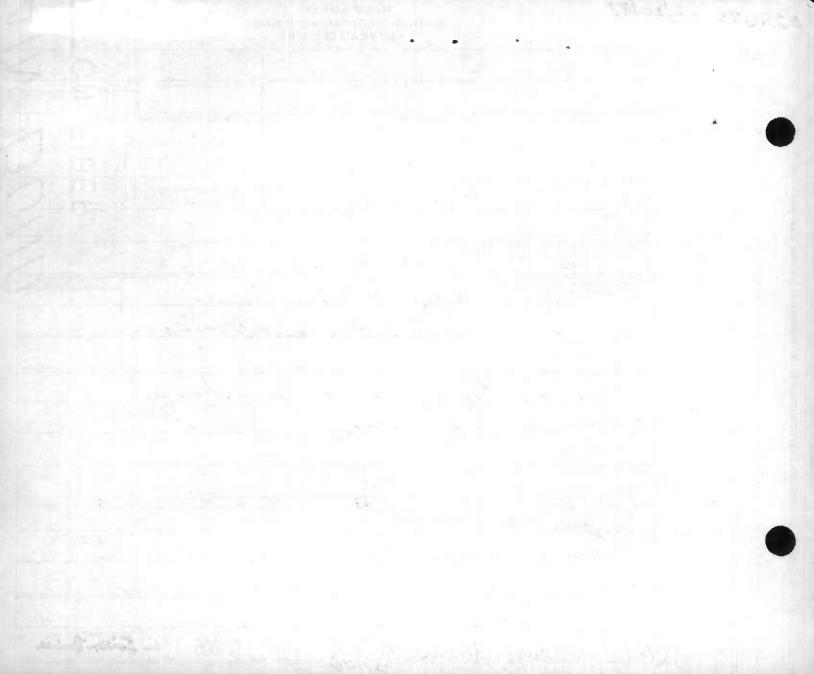
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86-36788

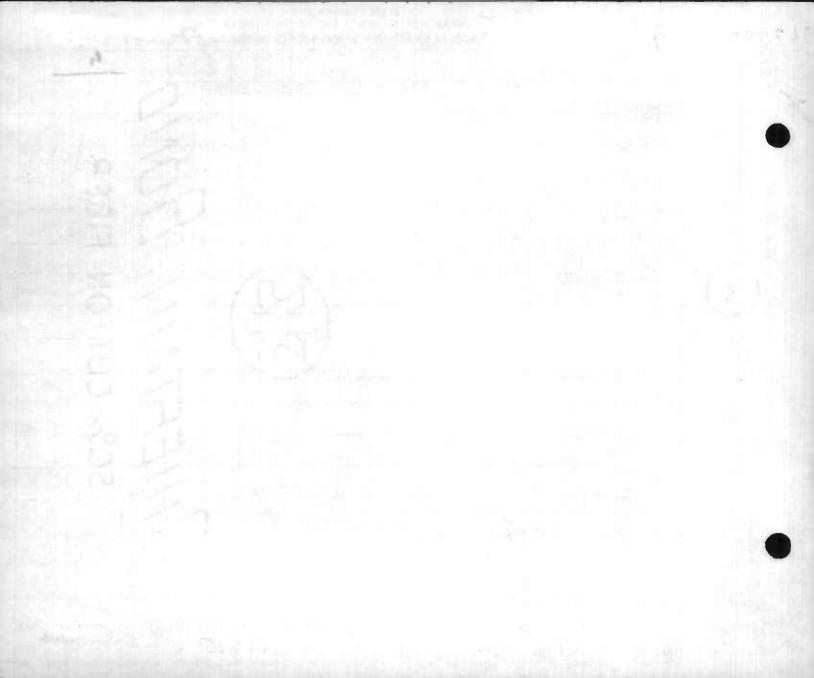
П		REGISTRAR				CEKIII	ICATE OF DEAT	ın	RE	G. NO.			
		CEASED NAME	FIRST		MIDDLE		LAST	- 1	20. DATE OF DEA		DAY	YE AR	26 HOUR
	(TYPE	OR PRINT)	Richa	ard F			Moschell			11	. 28	86	4.00p
	3. SEX	(4. RACE		5. DATE O	OF BIRTH		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNI	DER I YEAR	IF UNDER 24 HRS
]	Male		Cauca	sion	Jüï	7 15 19	27	59	Y	RS MONTH	S DATS	HOURS MIN.
-	7a BIF	RTHPLACE (STATE O	R FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARR	RIED 🗆	9 BALTIMORE C	ITY OR COL	JNTY OF D	EATH	
2		ryland		USA		WIDOW		CED 🔯	Anne	Arunde	1 Co.		MD.
-	10. CI	TY OR TOWN OF D	EATH		HOSPITAL, NURSIN		OR OTHER INSTITUT	ION	12a USUAL OCC	JPATION	12	KIND C	F BUSINESS OR
>	A	nnapolis			undel Ger		Hospital		Surgeon	4103) OF WORK			pedic
	13a S	al residence (# NU STATE aryland	136. COUN A.A.C	YTY	GIVE RESIDENCE BEFORE 13t. CITY OR TOW Severna	N	134 INSIDE CITY LI		13e.STREET ADDR 432 Seve	ess/zipo	code le Dr.	211	.46
	14. FA	THER'S NAME				. 1	15. MOTHER'S MAI	IDEN NAM				20,00	
	Ch	ancellor	F Mosc	hell	LAST		Opai		M IE			IAS	Taylor
	1.90	VAS DECEASED EVE			166. SOCIAL SECU		17. INFORMANT			DDRESS			
	Ye	S	WW II	E WAR OR DATES)	235-34-3	3710	Patricia	Mosc	hell	Ak	ove		
		18 CAUSE OF DEA	TH (Enter a)	nly one couse per	line far (a), (b), an	d (c).)	0		-			BETWEEN	MATE INTERVAL ONSET AND DEATH
	24	PART I. DEATH		TE CAUSE (o)	malian	unt	Beam	/	umer	,			
					R AS A ZONSEQUE	NCE OF			0	3-			
		Canditions, if on	w which	00210,0	KAS ACONSECUL	A	malya	7	& Men	moza	nie 1		
		gove rise to in	mmediate) (8)_	70,70000		7						
		cause (a), statunderlying cau			R AS A CONSEQUE	NCE OF					- 31		
	100	PART 2 OTHER SK	Chief ANT	(c)	MATRIBUTING TO I	DE ATH BUT	NOT RELATED TO T	THE SERVA	INIAI DISEASE ON	COMPITION	I CIVEN IN	I D A D T 1.	
	Z	D. A.		CONTINONS C	-	N.	The state of the s	1	//.		A GIVEIA III	FARITI	a
5	ATIC	19a, DATE OF OPER	ATION	196 COND	DANGUE WHICH	OPERATIO	ON WAS PERFORMED		200 AUTOPSY	200	IF YES, WEI	RE EINDIN	NGS LISED
	FIC	It Kent	- 1	(1 - 7					INC	ERTIFYING	CAUSES	OF DEATH?
	CERTIFICATION	210. ACCIDENT WAS U	NDEBLYING E	7 21b. TIME C		um	-	CCCLIBE	YES NO	_	YES [NO 🗌
		OR CONTRIBUTING	_	110110 4		AY YEAR	ZIL HOW INJURT	OCCURR	CEU (ENTER NATURE C	OF INJURY IN ITE	M IB PARTIC	R PART 2)	
	ŏ	(IF EITHER, NOTIFY ME			м.	19							
	MEDICAL	21d. INJURY OCCU		21e. PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET		CITY	ORTOWN	C	OUNTY	STATE
	_	AT WORK AT W	WHILE					316.1					
		220.1 certify that ((I) (this hasp	ital) attended th		101	28	80		128	19	50	that (I) (we) last
		saw the deced	sed olive on	it) view the body	other death	56,0	nd that in (my) (aur)	apinian o	death accurred on	the date an	d have and	from the	causes stated
		22h SIGNATURE	The section of the	0//	-		DEGREE			1		12c DAZE	SIGNER
		TAm	100 /	8. 14v	elso.	m		NDING A	MEDICAL DIRECTOR P	STAFF	7	12/2	4/10
_		22d. PHYSICIAN'S	VAME (TYPE C	OR PRINT)		///	22e. ADDRESS	HCIAIN (A	DIRECTOR [] P	TI SICIMIY L		12/	7/80
		Thomas B	Ducke	er M.D			10	00 Ca	thedral:	St. A	nnapo	lis.	Md.
-	23a B	SURIAL, CREMATION				NAME OF C	EMETERY OR CREM		23d LOCATION		an lape		120.4
	(Burial	-, KEMOTAL						CITY OR TO	WN	COU		STATE
	_	AEBAL DIRECTOR	7	12/2/8	o Mo	. vet	. Cem Cro	WNSV	Ille Cros	VNSVII	1e A		Md.
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DHMH - 16 60M 7/84 (VRA 15, 4)

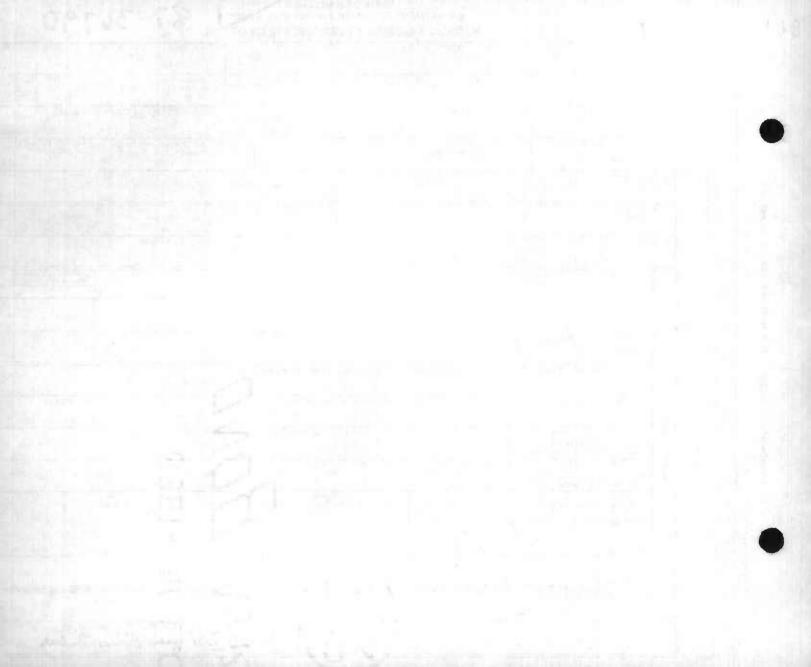
TO FUNERAL DIRECTOR



	DECEASED NAME	FIRST		DICAL EXAMINER	LAST	20 DATE KNOWN	MONTH PAY YEAR 26 HOL
1	TIPE OR PRINT)	Harry		Vernon	Wetters	OF ESTI-	Noy 9/1986
3. 5	EX 4.1	RACE	S. DATE OF BIRTH		UNDER T YR. IF UNDER	R 24 HRS. 2c. DATE MIN PRONOUNCED	MONTH DAY YEAR 2d HOL
_		White	July 7	23 63 YRS.		DEAD	1/ 14/ 1987 8:5
76.	BIRTHPLACE (STATE	OR	76 CITIZEN OF WE	HAT COUNTRY?	ARRIED X NEVER MARI	= 1	COUNTY OF DEATH
10	Maryland CITY OR TOWN OF	DEATH	USA		OWED DIVOR		County, "
10	CITY OR TOWN OF	DEATH	(IF NOT IN SUCH FA	PITAL, NURSING HOME, OR CILITY, GIVE STREET ADDRESS)		FOR MOST OF WORKING LIFE)	Glen Martin
	Woodlawn	LI NURSING HOME O	6600 B]	LK. Security B	lvd.	Plumber	Plumbing Co
	STATE	136. COUN	TY	13c CITY OR TOWN	13d. INSIDE CITY LIMITS2	13e. STREET ADDRESS	
-	Maryland FATHER'S NAME	Balt	imore	Woodlawn	YES NO X	1	Road, 21207
113	FIRST		MIDDLE	LAST	FIRST	MIDDLE	LAST
160	William WAS DECEASED E		Edwin	Wetters 166 SOCIAL SECURITY NO.	Gertrud 17. INFORMANT	e Marie	Sudbrook
	YES, NO. OR UNKNOWN	(IF YES, GIVE Y	T T	215-14-9251	Manus V II	atkins, 2115 N.	Powert Dawle Asse
=				for (a), (b), and (c).)	mary K. W	atkins, ZII) N.	APPROXIMATE INTERVAL
1,		ICANT CONDITIONS	ONTRIRUTING TO DEATH I	RUT NOT RELATED TO THE TERMINAL DI	SEASE OR CONDITION GIVEN IN P	ART 1 o'.	
MOSTATISTA	19a. DATE OF OF	ERATION	Tish CONDIT	ION FOR WHICH OPERATION	N WAS PERFORMED?		20 AUTOPSY?
Clai							YES TO NO [
TOST	210. EXTERNAL C		216. TIME OF		HOW INJURY OCCURR	ED LENTER NATURE OF INJURY IN ITEM 18 PA	
1	UNDERLYING CONTRIBUTING	CAUSE OF D	EATH ? P.M.	MONTH DAY YEAR . 1/9/ 1987	self inflic	cted wound to he	ad
A PEDICAL	21d INJURY OCC	URRED	STREET FACT	OF INJURY (AT HOME, 21f	LOCATION		
	WHILE AT WORK	T WORK		van parked 6	600 Blk. Sec	curity Blvd., Wo	odlawn, Balto.Co.
1			of the remains desi	cribed above, held an Au	topsy X. Inspection	on . Inquiry . ond	in my opinion
•	220 I certify t	not I look chorge	4-				
	220 I certify to death resulted to		Leouye .	Accident , Suicide	Momicide .	Undetermined monner	
-					TITLE (SPECIFY)		DATE
	death resulted f				TITLE (SPECIFY)	Undetermined monner	DATE SIGNED 1/14/87
	death resulted f	rom: Nater	Lough .	Accident , Suicide	TITLE (SPECIFY) M.D. Assistar	T MEDICAL EXAMINER	DATE SIGNED 1/14/87
	death resulted for aCTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	ME Gree	ory R. Ka		TITLE (SPECIFY) M.D. Assistar ADDRESS11	T MEDICAL EXAMINER	
230	death resulted to ACTUAL SIGNATURE EXAMINER'S NA (TYPE OR PRINT) BURIAL, CREMATIO (SPECEY) Buri	ME Grecon, REMOVAL 23	ory R. Ka	auffman, M.D. 23c NAME OF CEMETER Cheltenham	TITLE (SPECIFY) M.D. ASSISTAT ADDRESS 11: YOR CREMATORY Vet. Cem.	Penn St.	county state
236	deoth resulted for the second	ME Grecon, REMOVAL 2:	gory R. Ka	auffman, M.D. 23c NAME OF CEMETER Cheltenham	TITLE (SPECIFY) M.D. ASSISTAT ADDRESS 11. YOR CREMATORY Vet. Cem. 1229 750. DATE	Penn St.	



h	I. DEC	REGISTRAR CEASED NAME	FIRST	6-33 ME	MIDDLE	EXAMINE		ST	CAIL		20 DATE KM	REG. NO	O. MONTH	DAY YEAR	2b. HOUR
	(TYP)	E OR PRINT									OF DEATH A	ESTI-		11/1006	
99	3. SEX		4 RACE	5. DATE OF BIRTH		6 AGE (IN YEAR			IF UNDER	24 HRS.	2c. DATE		MONTH	14/ 1986 DAY YEAR	
	M	lale	Black	MONTH DAY	YEAR	LAST BIRTHDAY YRS	MONTHS	DAYS	HOURS	MIN	PRONOUNC DEAD	ED	5/	19/ 1986	
7	7a BI FO	RTHPLACE (51, REIGN COUNTRY)	ATE OR	76. CITIZEN OF W	HAT COUN		MARRIE		VER MARR			imore	_	Y OF DEATH	MC
	10 CI	ry or town o Baltin		11. NAME OF HO	ACILITY, GIVE S		OR OTHER	RINSTITUI	TION		IAL OCCUPA AOST OF WORKIN		OF WORK	126 KIND OF B OR INDUS	USINESS
,	USUA 13a Si	L RESIDENCE (13b. COUN	OR OTHER INSTITUTION, C NTY	13c. CITY	BEFORE ADMISSION OR TOWN	t:	3d INSIDE (I	ITY LIMITS?	13e STRI	EET ADDRESS	5			
9	14 FA	THER'S NAME FIRST		MIDDLE		LAST	1	5. MOTHE	R'S MAIDE	N NAME	MIDE	DLE		LAST	
	16a V (YI	VAS DECEASED ES, NO, OR UNKNOW Unkn													
		Condition gave ris couse (a) lying caus	s, if any, which e to immediate stating the <u>under</u> se lost.	TE CAUSE (a)	RAS A CON	ISEOUENCE OF			N COVEN IN THE	DY 1					SET AND DEATH
	CERTIFICATION	19a. DATE OF				WHICH OPERA		-10		KI I (g),				20 AUTOPS	Y?
4	IFIC													YES 🗆	NO [X]
			XXOR IG CAUSE OF	DEATH ? P.A	A. MONTH	DAY YEAR ?/ 1986	su	bjec	occurre t han		Self	Y IN ITEM 18 F	PART I OR PAR		- 31
	MEDICAL	214 INJURY O WHILE AT WORK		21e PLACE STREET, FAC railr	TORY, FARM, E	TC.[21f. LOCA STR 4600	EET	Fayet	te S	city or town		ore C	ity, Md	STATE
		death resulte		ge of the remains de ral causes ,	Accident		Autopsy de X,	Homic TITLE (SI	PECIFY)	Undete	Inquiry C	ner .	d in my ap		9.0
t		EXAMINER'S N	NAME Gre	gory R. K	√ auffm	an. M.D	M.D	DDRESS_			enn St	NER	SIGNE	_D 5/20/	86
4															
4	23a BI	JRIAL, CREMAT	ION, REMOVAL	236 DATE	23c 1	NAME OF CEM	TERY OR	CREMATO	ORY	CITY (CATION		COUN	ATY.	STATE
	(5	JRIAL, CREMAT PECIFY) Remo	val	2-9-87	236 1	NAME OF CEMI	TERY OR			CITY	REGISTRAR 1987	lan are	COUN		STATE



1	te	ms, # 18a, 2/a,	220.,6-6.	23 / 46y STA	TE OF MARYLAND			0	
027133 DEC	1-	FOR by med, Ex,	1/17/87 MEI	DEPARTMENT OF I	ER'S CERTIFICA		7 361	41	
	1. DI	CEASED NAME FIRST		WIDDLE	LAST	20 DATE OF	KNOWN MONTH	DAY YEAR	26 HOUR
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RY, PIEASE DIRECTOR OUR FILES. DN STREET,	3. SE	plo Col	S. DATE OF BIRTH	VEAR LAST BIRTHO.	MONTHS DAYS	HOURS MIN PRONOUNDEAD	NCED	6 186	WP! P
		IRTHPLACE (STATE OR	76. CITIZEN OF WH		8 MARRIED NEVE	PALABRIED A BALTIM	ORE CITY OR COUNT		7.0
岁5.5~	16	PALLO, MC.	110	5, A.	WIDOWED -	DIVORCED Balt:	imore City		MD.
DELAY IS I TO THE FI NE FILED DS, 201 W	1	Saltimore	LIF NOT IN SUCH FAC	PITAL, NURSING HOME CNITY, GIVE STREET ADDRESS) ty Hospital		COR MOST OF WOR	PATION TYPE OF WORK THING LIFE)	12b. KIND OF BUS OR INDUSTR	
		AL RESIDENCE (IF IN NURSING HOME OF TATE / 13b. COUN		134. CITY OR TOWN	13d. INSIDE CITY		Sp / (T212	39
ATTMORE, MD. 2120) AFTER DEATH. F ANY NE PAGES 1, 2, AND NE PAGES 1, 3, RETA NETER TO AND 2, SHOULH SHOW OF WIND, RESO	1	ATHERENAME	negar	A Asi		S MAIDEN NAME	AIDDLE	/ LAST =	-
OR SERVICE	4	George	1.	Dlue	CH	elen	WAS,	hinglo	ne
LTIM LTIM LF PA LF PA SION	160.	WAS DECEASED EYES IN U.S. AR	AED FORCES?	166 SOCIAL SECURIT	142 INFORMA	Wolanking 6	ADDRESS 73	y. Car.	2/201
HAS AF WITH PAG DIVISIA	-	18 CAUSE OF DEATH (Enter on	y one cause per line	for (a), (b), and (c),)	11134	resenwasp	MAJON 13	APPROX	105
N ST N SW N SW N SW N SW N SW N SW N SW N SW		PART I DEATH WAS CAUSED	E CAUSE (o)	cute man	cotic in	topication		BETWEEN	45/1/0
NOVY PROPERTY		15117		AS A CONSEQUENCE	OF .				
TE SAN AS		Conditions, if ony, which gove rise to immediate	(b)						
N CAL-THOUSEN		cause (a) stating the <u>under-</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE	OF .			loo to	
2. 15. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5		PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	BUT NOT BELLIED TO THE YERM	INAL DISTASS OF CONDUCTION OF	MISS IN ALEX			
S WEEK	Z	The state of the s	CONTRIBUTING TO GENTIL	OF NOT RELATED TO THE TERM	INAL DISCASE OF COMMITTION P	HYEN IN PART I G			
L CREATER	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPER	ATION WAS PERFORM	ED?	4 1 1 1 1 1	20 AUTOPSY?	
E 585399/	Ę		100					YES 🔀	NO 🗆
NVISION OF VITAL IN CRETIFICATE SHOULD THE WORD THE WORD THE WORD THE SES SHOULD BE USED TO THE CHEEP SHOULD BE USED TO THE USE OF THE PROPERTY OF THE PROPERT		210 EXTERNAL CAUSE WAS	116. TIME OF	MONTH DAY YEAR	21c HOW INJURY O	CCURRED LENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PAR	7 2)	
DIVISION S CERTIFIC RITING TH RDED TO X E 3 SHOU COI PRIOR	MEDICAL	CONTRIBUTING CAUSE OF D	21e PLACE C	DE INJURY (ATHOME.	211 LOCATION	used any	2	E. (1)	
DIVISION DE LES THIS CERTING ORWARDED TO REACE 3 SHE E STATE DEPA	WE	WHILE NOT WHILE AT WORK	STREET FACTO	ORY, FARM, ETC.)	STREET .	weister 26 CITY OR TO	WN 12 COU	NTY	STATE
D I THIS IE, WR RWARI PAGE STATE				- Ar	N N	J Myselfer	Ballimae	- man	yeard
至り に と と と		220 I certify that I took charg	al causes ,		Autopsy . I	Inspection . Inquiry	onner .	nion	
EXAMI CERTIFIC ULD BE DIRECT WARYL		MAL	· · A	/ I/ A	TITLE (SPE		nner Z		
SHOUS HOUSE		AIGNATURE WWW	te Un	your	M.D. Assis		DATE SIGNED	12/7/8	36
PACE AND	X	EXAMINER'S NAME	Margari ta	a A. Korell	. M.D	111 Penn St.	. Balto.M	D -	
PAGE PAGE	73 o. f	(TYPE OR PRINT)			AETERY OR CREMATOR		-	=	===
10/84 BP405		BURIA!	11-12 6	CedAR	Hill Ce	m CITY OR GWN	7, 6	5. M	The state of the s
DHMH - 17	24 1	UNERAL DIRECTOR	/ ADDRESS	W. Carlotte	250	DATE REC'D. BY REGISTRA	1 has	43 2.00	
(VR A15 ME (5))		ascent Lik	USS =	12224.	North Aux	DEC 1 2 1986	Lun Directes?	1. Varia	

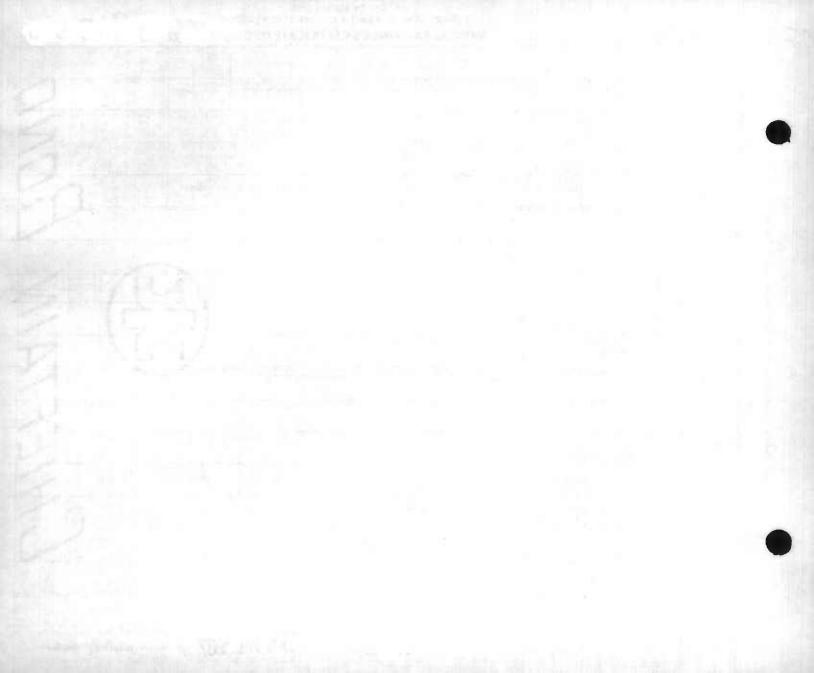


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENS 029 664 50 3 STATE MEDICAL EXAMINER'S CERTIFICATE OF MIDDLE DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Andrew DEATH MATED XX Kish 12-26 19 86 4 RACE 5 DATE OF BIRTH 6 AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE 2d HOUR YEAR LAST BIRTHDAY MONTHS PRONOUNCED DEAD 1086 Male White 00 86 In RIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore City, WIDOWED . DIVORCED Pennsylvania U.S. IIL CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY (# NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Baltimore 3430 Roland Avenue Butcher Meat Packing UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13h COUNTY 13c CITY OR TOWN 13d INSIDE CAY LIMITS? 13e STREET ADDRESS 21211 Md. Balto. NO [3430 Roland Ave. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST LAST FIRST MIDDLE Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO. ADDRESS (YES NO OR LINKNOWN) LIFYES GIVE WAR OR DATES! Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES | NOXX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY SATHOME If LOCATION STREET, FACTORY, FARM ETC 1 STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autopsy and in my apinion Notural couses XX death resulted from. Homicide Undetermined monner ACTUAL TER DEATH. 12-31-86 SIGNATURE EXAMINER'S NAME Dennis F. Smyth, M.D. 111 Penn St., Balto., Md. 21201 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION COUNTY STATE 1-19-87 Removal 07/84 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 ina Laurdson-Mandall

Balto., Md.

(VR A15 ME (5))

Anatomy Board



UNKNOWN #87-17 STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE C 7 STATE MEDICAL EXAMINER'S CERTIFICATE OF BEATH REGISTRAR 1. DECEASED NAME a. DATE KNOWN (TYPE OR PRINT) OF ESTI-PAMELA DEATH MATED 10 ? 19 86 Maria 4. RACE 6 AGE (IN YEARS | IF UNDER 1 YR. I IF UNDER 24 HRS. 2c. DATE LAST BIRTHDAY) MONTHS PRONOUNCED 25_{RS} Apr. 22,1961 19 87 Black Female DEAD To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Washington, D.C. USA Prince George's County DIVORCED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. Clerk Typist Suitland woods-off 2400 blk. Whitehall St. Govit USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3b COUNTY | 13c CITY OR TOWN | 13d INSIDE Prince George's Suitland YES | 13b COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 2500 Darel Drive: NO I 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE AVIDDLE Jacqueline Frank Weldon Owens Malcom 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT I HE YES GIVE WAR OR DATES 577 88 9597 Jacqueline Malcom George-mother-2500 Darel Drive Suntaing 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PARTIDEATH WAS CAUSED BY: Multiple (6) stab wounds and neck injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO T 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR Subject stabbed. CONTRIBUTING CAUSE OF DEATH P.M. 10- 2- 1986 21e PLACE OF INJURY (AT HOME. WHILE AT WORK found in woods off 2400 blk. Whitehall St., Suitland, Prince George's Co. Autopsy X Inspection Homicide X death resulted from Undetermined monner TITLE (SPECIFY) ACTUAL DATE 1-12-87 M.D. Assistant MEDICAL EXAMINER SIGNATURE Charles P. Kokes, M.D. EXAMINER'S NAME 111 Penn St., Balto., MD 21201 TYPE OR PRINT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 24, 1987 Fort Lincoln Cemetery Brentwood, Md. Jan. Burial 07/84 BP 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Stewart Fineral Home-4001 Benning Road, N. FAN (VR A15 ME (5))



1_		١.			DEPARTMENT		AARYLAND I AND MENTAL I	YOUENE OF	. 21	200
7	020560	1-	STATE REGISTRAR_UNKNOWN #				CERTIFICATE C		GEG. NO.	0194
	043000	1-DE	E OR PRINT		MIDDLE		LAST	2a. DATE KI	NOWN MONTH	DAY YEAR 75. HOUR
	PILES. CTOR. FILES. INCET,		Cynthi		Lee		stbury	OF DEATH A	NATED X 12/	14/19 86 M
		3. SE)	emale Black	5. DATE OF BIRT		IN YEARS IF UI		MIN PRONOUNC	ED MONTH	DAY YEAR 24 HOUR
	JEGESSARY, BUNERAL DIRECTOR YOUR WITHIN 72 H	Ja B	RTHPLACE (STATEOR	05 29	what country?	YRS.		DE AD	1/ RE CITY OR COUN	14/19 87 a M
	FOR NITH		REIGN COUNTRY)	i c	A	* MARR	IED NEVER MARR	NED X		la Countre
	かにの ベラ 人	10. C	TY OT (plumbia		OSPITAL, NURSING H	OME, OR OTH		120 USUAL OCCUPA	TION (TYPE OF WORK	S County, MD.
	300 m %		Suitland		off Suitla			FOR MOST OF WORKIN	A A	ORINDUSTRY
	ANY DEL AND 3 TO RETAIN F HOULD BE RECORDS		L RESIDENCE (IF IN NURSING HOME O	R OTHER INSTITUTION,		MISSION	134 INSIDE CITY LIMITS?	13e STREET ADDRESS	7	11420000
	IF ANY DI R AND 3 T SHOULD E L RECORD		DC		Washing		YES X NO	3052 5	tanton R	1 SE # A1
	E. MD S 1, 2, PM 3 ND 2 S	14. F.	THER'S NAME	WIDDLE	LAST	3377	15 MOTHER'S MAID	EN NAME MIDI	OLE	LAST
	# 338× × 6 —	160 \	VAS DECEASED EVER IN U.S. ARA	AED EOOCES2	Westbur-	PITY NO	JESSUC 17. INFORMANT	ر	ADDRESS	dellan
	S AFTER GIVE PA GIVE PA GIVE PA GIVE PA GIVE PA WISION	(1	ES NO, OR UNKNOWN) IF YES, GIVE			1198	Terrie M.	h) relling	2150	1 1 01 55
	WHITE PA	F	18 CAUSE OF DEATH (Enter onl	y one couse per li		-	Desication	wageury	203 4 3	APPROXIMATE INTERVAL
	A SENT		PART I DEATH WAS CAUSED	BY: E CAUSE (o)	Undetern		dere	C		BETWEEN ONSET AND DEATH
	ALC		FEET STATES		OR AS A CONSEQUEN	ICE OF				
	MAN SERVICE SE	ы	Conditions, if ony, which gove rise to immediate	(b)						
	28/3 SZ	1	cause (a) stating the <u>under-</u> lying cause lost.	DUE TO, C	OR AS A CONSEQUEN	ICE OF				13-11-29
		0.	PART 2 OTHER SIGNIFICANT CONDITIONS (ONTRIBUTING TO OFA	TH BUT NOT RELATED TO THE	TERMINAL DISEAS	E OJ CONDITION GIVEN IN PA	MIT I (a)		
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07.			(5)	ECRAI	22.19				23d LOCATION CHYOR TOWN		Caroline Mo
25/		17	24 FU	NERAL DIRECTOR				250 DATER	EC'D. BY REGISTR	1	SIGNATURE
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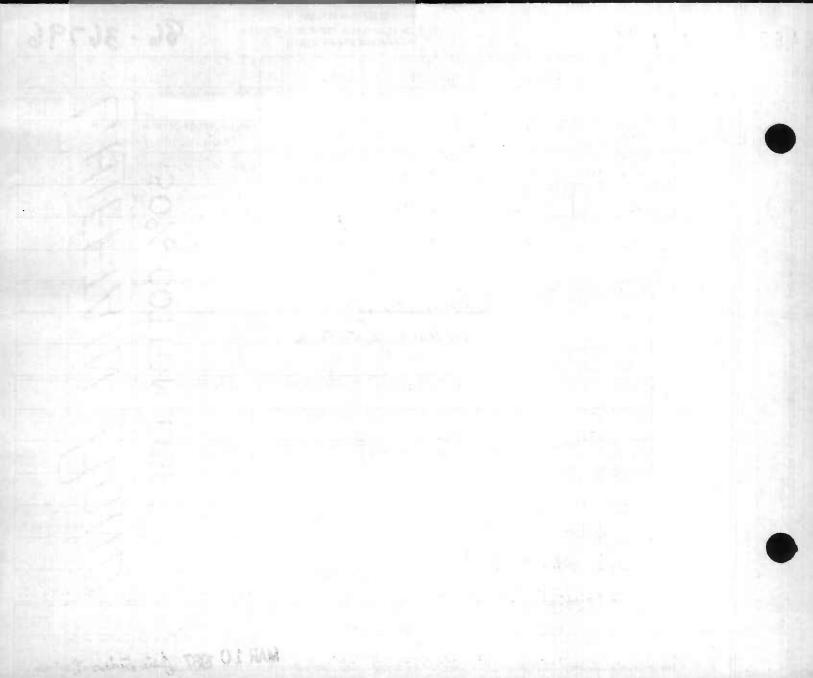
JAN 1 6 DER Johnshipe

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

86.26796

4 6 MAR 11	17	FOR STATE REGISTRAR	DEPART		EALTH AND MENTAL HYG	IENE SEG NO	6-36	796
		CEASED NAME FIRST	MIGDLE	l	AST	20. DATE OF DEATH ME	ONTH DAY YEAR	26 HOUR
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ge 4		Female	White	Dec	. 19 ^{AY} 1986 ^{AR}		YRS.	2 7
Poor House		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	8	D NEVER MARRIED	9. BALTIMORE CITY OR		
death. Page		Maryland	U.S.A.	WIDOWE		Washingto	on County	MD.
the full with the fall		TY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	T ADDRESS)		12a USUAL OCCUPATION	VORKING LIFE) INDUST	
urs of the			Washington C		Hospital	None	. N	one
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der atte		Canditians, if any, which	(b) 32 we	L go	station			
the rem		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEON	JENCEOF				
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signe hen p to bu	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CONDI	TION GIVEN IN PART	110
11110	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN	IDINGS USED
** 28187	E	None	None			YES NOT	IN CERTIFYING CAU	SES OF DEATH?
59 8195	1 2	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCUR			
きな 世長事 (一)		OR CONTRIBUTING CAUSE OF DEA						
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A A A A A A A A A A A A A A A A A A A			tal) attended the deceased from			. 10	19	, that (l) (we) last
No Sept 1		saw the deceased alive an	19		nd that in (my) (aur) apinian a			
MEC AN		22b. SIGNATURE	t) view the body after death.		DEGREE		22c DA	ATE SIGNED
0 0 0 0 0 0		7 ((An. 9)	my March		ATTENDING	MEDICAL STAFF		
E # # # # 7	1	22d. PHYSICIAN'S NAME TYPE	1800		22e ADDRESS	DIRECTOR PHYSICIA		
Sof Tar a		120001111111111111	Two Williams		Washington C	County Hosnit	al Hager	stown MD
54 5413	22. /	J. Ramsey Fa		NAME OF C		T23d LOCATION	ai, nagei	S COWIT, MD
DD	730	BURIAL, CREMATION, REMOVAL	23b. DATE 23c		EMETERY OR CREMATORY	CITY OR TOWN	n Washin	gton STMD
BP	24 51	Burial UNERAL DIRECTOR		Cedar		Hagerstow E REC'D. BY REGISTRAR 25		0
DHMH - 16 60M 7/84		NAME	ADORESS.		144	A STATE OF THE PARTY OF THE PAR	B. REGISTRAR'S SIGN	TATURE
(VRA 15, 4)	Ma	jor M. Osborner	r Williamspon	t, Mai	ry 1 and M	ut 10 1987 /	Ilia Den	- fredance



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	ATE, T ORW ORW TE ST AD, 3		22a. I certi	ify that I	took charg	e of the remo	ins descr	ibed obove, held on	Autop	sy X, Insp	pection	, Inqui	у 🔲.	and in my or	oinion	
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	NO CAN		EXAMINER'S		-						222	D	0.			
	TO MEDICAL EXAMINER: THI EXECUTE THE CERTIFICATE, W PAGE 4 SHOULD BE FORWA TO FUNERAL DIRECTOR; PAGE DE PATER DEATH, WITH THE STAL BALL MORE, MARYLAND, 217	22 - 5	TYPE OR PRI				I'e	Emyth, M.D.		ADDRESS		Penn				
		130 B	SPECIFY) Buri			20 Jan	87					Laure		land	NTY S	TATE
25A			UNERAL DIREC	CTOR				Marylar	ash.	DC ZS-P	ALE REC'D	- BY REGISTI	- 0	GISTRAR'S S	IGNATURE	
	DHMH - 17 (VR A15 ME (5))	Fra	azier's	Fun	eral	Home 3	89 SSR	hode Islan	d Ave	.N.W. Pt	B 13	1987	Julia	Donder	Theles	id .
		B.											-			

	1.	FOR		E OF MARYLAND EALTH AND MENTAL H	YGIENE	86-36799	,
	1-	STATE REGISTRAR	MEDICAL EXAMINE	R'S CERTIFICATE O	F DEATH REG	NO. 0	
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IS NECESSARY, PLEASE FENNERAL DIRECTOR. E 5 FOR YOUR FILES. E 10, WITHIN 72 HOURS.	3. SE	em BLACK 15. DAT	TE OF BIRTH TH DAY YEAR 1AST BIRTHDAY 1AST BIRTHDAY 12EN OF WHAT COUNTRY?	IF UNDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD RAILIMORE CIT	MONTH DAY YEAR	2d HOUR 9:27P
DAN S	5510	ambridge. me	U.S. A - 1	WIDOWED DIVORCE		er County	MD
PAG H	3/3	(IF	ame of Hospital, Nursing Home, Hot in such facility, give street address) Orchester General	OR OTHER INSTITUTION HOspital	126 USUAL OCCUPATION FOR MOST OF WORKING LIFE)	(TYPE OF WORK 126 KIND OF BUSI	
DE SE	USU	AL RESIDENCE (IF IN NURSING HOME OR OTHER	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	۷)	Jano	Car lander Di	1
D. 21201 IF ANY DEL 2, AND 3 TO 3. RETAIN P		13b. COUNTY	hele Cambrid	AC YES NO [13e. STREET ADDRESS	venural ane 3	-16/3
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NO WITH WARRY AND WARRY AN	N. DR WING	Canditions, if any, which gave rise to immediate	(b)				
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	ZIZOI PRI	214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	218 PLACE OF INJURY (ATHOME. STREET, FACTORY, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
# 2 x 5 ;	TZ	27a I certify that I took charge of the death resulted fram: <u>Natural caus</u>		Autapsy X, Inspection ide , Hamicide	Undetermined manner	and in my opinian	
AMEDICAL EXAMINE THE CERTIFICATION OF SHOULD BE A SHOULD BE OF FUNERAL DIRECTOR OF THE SHOULD BE	WORE, A.	EXAMINER'S NAME		M.D. Assistant		DATE SIGNED 12/30	/86
TO PUE	1	(TYPE OR PRINT) WIII.	iam M. Zane, M.D.	ADDINESS		alto.MD.	7
07/84 BP		SURIAL CREMATION, REMOVAL 236 DAT	1981 Bethel	Cemetery Cemetery	Ball B	1. Dorcheste	ege
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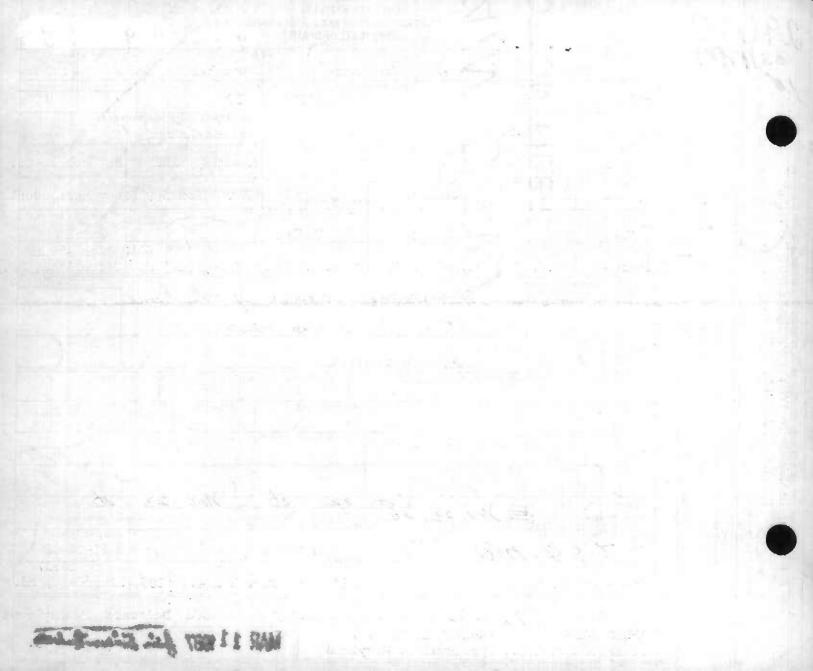
	STATE OF MARYLAND										
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MAR ed		Howard	Lee								
A CO CO L		VAS DECEASED EVER IN U.S. ARA		SECURITY NO. 11 INFORMANT Bar	bara A. Cepha	s(niece) S.S.Md.					
Mog a		TES NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES) 578-	07-8180 CHA	PT403 Torr	ington Place,					
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. 20 20. 0	MINAL DISEASE OR CONDITION	ON GIVEN IN PART Tra									
RDS eque	CERTIFICATION										
Sony only	A	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY? 20t	IF YES, WERE FINDINGS USED					
TR hos	Ĕ		100		YES NO NO	YES NO NO					
DIVISION OF VITAL NG PHYSICIAN The ortending physician was certificate to so the buriolitrons in the and Mental Hygiet orked or item 18 show orked or ite		210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN I						
Physical Hysical Hysic		OR CONTRIBUTING CAUSE OF DEA		DAY YEAR							
YSIG ling ling wenter	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 21e PLACE OF INJURY	19 211 LOCATION							
PHH the hold of o	WE		(AT HOME STREET FACTORY O		CITY OR TOWN	COUNTY					
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S T C S S S S S S S S S S S S S S S S S	220 I certify that (I) (this hospital) ottended the deceased from 10 - 27 - 19.56, to 12 - 7 - 5619 the saw the deceased glive an 11 - 3.0 - 19.56 and that in (my) (our) opinion death accurred on the date and how and from the continuous conti										
Spirite Spirit	above, (I) (we) (did) (did not) view the body ofter death										
OR ATI	226. SIGNATURE DEGREE 221 DATE SIGNED										
F 0 ±		19W 1. K	amark &	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	n 12/1/86					
HOSPITAI med by t FUNERAI old be de-	1	224 PHYSICIAN'S NAME LIVE OF	PRINT)	22e ADDRESS	- 11						
TO HOSPITAL reformed by 11 TO FUNERAL should be det with the Store limbort ANT.		TONY P. K	ANNAR	KAT 8201	16"5 F S	.s. MI) 20910					
230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION											
DD		SPECIFY) Burial	12/06/86	Lincoln Memorial	CITY OF TOWARD	G.CO., Mary Tand					
BP	24 51										
DHMH - 16 60M 7/84	24 1	INERAL DIRECTOR LATNE	ry's Funera	Home 250 DA	AFC 1 1 1986	REGISTRAR & SIGNATURA des					
(VRA 15, 4)	3831 Georgia Avenue NW: Washington DC 20010EC 1 1 1980										



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 1AST 20 DATE OF DEATH 1. DECEASED NAME MONTH (TYPE OR PRINT) (N.M.I.) Violet Faulkner [] November 24, 1986 S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1 SEX 4 RACE IF UNDER TYEAR April 130 1927 Female. Caucasian 59 In BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED England U.S.A. Prince George's WIDOWED A DIVORCED [IL CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Aprilomobile Co. ASSEMBIVOS LIME ING LIFE New Carrollton 6010 84th Avenue Worker HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Rock Hari 13d INSIDE CITY LIMITS? 13 RIEET ADDRESS 2589 Piney Neck 20661 YES X NO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME 1AST MIDDLE MIDDLE Violet Smith Harry Layton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT 6010 84th Avenue IYES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMOR RELEASED TO FAMILY PHYSICIAN BY W.W.II 171-24-6777 Diane Colliere (Daughter) New Carrollton, Md Yes-Army APPROXIMATE INTE 20784 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), stating DUE TO, OR AS A CONSEQUENCE OF couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20h. IF YES, WERE FINDINGS USED 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOXX YES [NO [210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211. LOCATION COUNTY STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220.1 certify that (I) (this hospital) ettended the deceased from sow the deceased alive on See Mey. 2 above, (I) (we) (did) (did not) view the body after death and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE 22c. DATE SIGNED DEGREE ATTENDING 11 - 24 - 86PHYSICIAN P DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS the t 5506 Kennilworth Ave., #105, Riverdale, Md. Year-Kwon H. Yoon 0 23t. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION (SPECIFY) Burial Lawn Croft Cemetery Pennsylvani Linwood Delaware 24 FRANCESCI CASCH'S SONS FUNERAL HOME, P.A. DHMH - 16 60M 7/84

4739 Baltimore Ave., Hyattsville, Maryland

(VRA 15, 4)



STATE OF MARYLAND

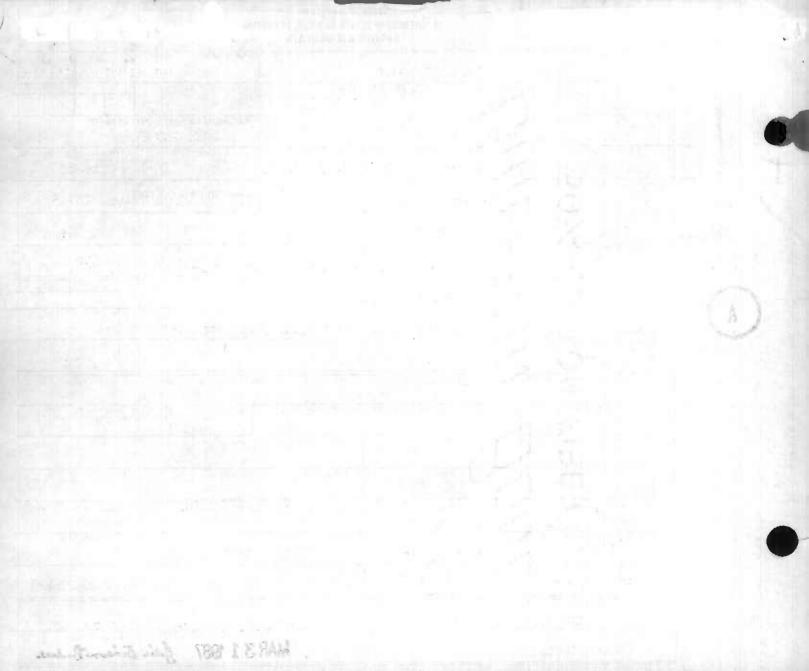
DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	86	-3	6	8	Ó	G comple
DEATH	WOOD W	(all	v	WC AD		-0.

								7.05	NEO. IV		(3)		r.a.		
п		OR PRINT	FIRST	A	ATOOLE	ŧ	AST	2a. ATE	OF DEATH	MONTH	DAY	YEAR .	Th HQE	R	
	11.11	CITTY MABELLE MOORE								JUL	12,1	986	11:4	41am	
	3 SEX	X	1	4. RACE		5. DATE C	5. DATE OF BIRTH					IF UNDER 1 YEAR IF UNDER 24		24 HRS	
		F emale		Black		Mar	March 2, 1912		74 YRS.			MONTHS DAYS HOURS MIN.		MIN.	
		RTHPLACE (STATE OR FO	REIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8.	D NEVED MADDIED &	9 BALTI	9 BALTIMORE CITY OR COUNTY C			ATH			
2		North Card			d States	WIDOWE	MARRIED NEVER MARRIED W		PRINCE GEORGE			MD.			
3		Camp Springs Malco			hospital, nursing home or other institution heacum, gne street address) m Grove USAF Medical Center			er Co	17g. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)				Private		
5	13a S	ALRESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) TATE Maryland Prince Geo Forest Height YES X NO 136 STREET ADDRESS / ZIP CODE. 136 Onondaga Driv								rive,	ve/ 20745				
1	14 FA	THER'S NAME	^	VIDOLE	LAST		IS MOTHER'S MAIDEN N	IAME	WIGGIE		000	LAST			
		June	No.	SV	Moore		Pheobia					Haw	kins		
160		VAS DECEASED EVER IN	MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT		135 Or	onda	ra Di	rivo				
		No			238–18-	-0592	Christine Foster Oxon Hill,				Md. 20745				
		18 CAUSE OF DEATH	(Enter onl	y one couse per	line for (a), (b),	and (ch)					8	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
1		PART I. DEATH WA		E CAUSE (o)	CARDIA	C ARRES	ST								
1		19 PT - OF T		DUE TO OF	R AS A CONSEG	DUENCE OF									
1		Conditions, if ony, which (ANTEROLATERL MYOCARDIAL INFARCTION-EXTENSIO								SIONI	N15 MIN				
		gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF													
		underlying couse	(6)	ANTEROLATERAL MI							4 DAYS				
1	-	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN									IVEN IN F	IN PART No			
- 1	ON	CHEST A													
7	CAT	190 DATE OF OPERATION	ON	196. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a A				WERE FINDINGS USED				
7	CERTIFICATION						YES	YES NO YES			ING CAUSES OF DEATH?				
V	CER	210. ACCIDENT WAS UNDE		216. TIME O		DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTE	R NATURE OF INJUI	RY IN ITEM 18	PARTIOR	PART 2)			
£	AL	OR CONTRIBUTING CA		AIR COLORS											
П	MEDICAL	21d INJURY OCCURRE		21e PLACE C	OF INJURY		211 LOCATION	m E	C-11 OR 10		601	ONLY	,	TATE	
	×	WHILE NOT WHILE AT WORK			ET, FACTORY, OFFICE, FARM, ETC) STREET				CITY OR TOWN			COUNTY STATE			
		220.1 certify that XI)		al) attended the	deceased from	6 JUL	19.86	to	12 JUL		. 19_8	6	hot XII (we) lost	
		saw the deceased alive and 2 JIII. 19 86 and that in (my) (aur) apprian death occurred on the date and have and from the causes stated													
		oboy. (1) (we) (did) (did) (did) (did) of view the bod) offer death. 22b. SIGNATURE DEGREE								22c. DATE SIGNED					
		folin	} .	De	ATTENDING PHYSICIAN				MEDICAL STAFF DIRECTOR PHYSICIAN						
		224. PHYSICIAN'S NAM	ME (TYPE OR	PRINT)	1		22e ADDRESS	U DIKECT	OR PHISIC	, IANL					
		JOHN T.	DeJON	IG V	0		MALCOLM GROV	W MED	CTR AA	FB, M	1D. 2	20331	-53	00	
		BURIAL, CREMATION, R	EMOVAL	236 DATE	23	NAME OF C	EMETERY OR CREMATORY	7 23d LC	OCATION CITY OR TOWN		COUN	TY		TATE	
		BUF	RIAL	7-18-	-86 (Church	Of The Lord		Tronsic	lac l	Char.		Md.		
		JNERAL DIRECTOR			ACORESS			ATE REC'D.	Y REGISTRAR	256 REGIS	STRAR'S	IGNATI	JRE		
	-	THÖRNTON FU	NERA:	L HOME	AUDRESS	POMON	KEY, MD. W	W31	1987	Julea	Dank	mil	make	4	

DHMH - 16 60M 7/84 (VRA 15, 4)

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 24 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED INERAL DIRECTOR.

FOR YOUR FILES.

ITHIN 72 HOURS

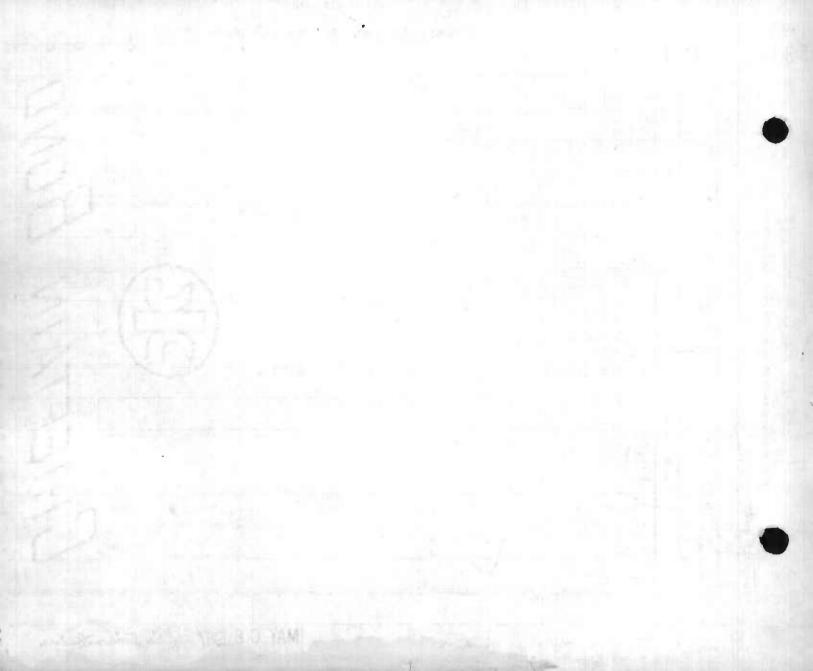
FRESTON STREET, Dennis White 27/19 86 . SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY PRONOUNCED DEAD 19 86 Male Black YRS TO BIRTHPLACE (STATE OR TO CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED [DIVORCED Jamaica Jamaica Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 5319 Old Branch Rd Owner Grocery Camp Springs USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20748 1136. COUNTY 13c. CITY OR TOWN 130 STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Geo. Camp Springsyes -5319 Old Branch Rd. Md. Pr. NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIOOLE LAST 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO. **ADDRESS** (YES, NO, OR UNKNOWN) 1 (IF YES, GIVE WAR OR OATES) Unkn. 092-66-3558 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Undetermined IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause fast. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CERTIFICATION 198 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING NOR CONTRIBUTING CAUSE OF DEATH 4/27/1886 ? P.M. Unknown 214. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN WHILE WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CRETIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 5319 Old Branch Rd., Camp Springs, Md. home 220 I certify that I took charge of the remains described above, held an Autopsy X Inspection L Inquiry and in my opinion death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL DATE M.D. Assistant MEDICAL EXAMINER 5/6/86 SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. Penn St. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY STATE 250 DATE REC'D BY REGISTRAR 250 REGISTRAR'S SIGNATURE 5-5-87 Removal 07/84 25M 24 FUNERAL DIRECTOR **DHMH - 17** State Anatomy Board Balto., (VR A15 ME (5)) Md.

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 2 DATE KNOWN TYPE OR PRINTS OF OUR FILES. 72 HOURS IN STREET, DEATH MATED Donna Ann Marie White 27/19 86 4 RACE IF UNDER 1 YR. SEX 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHDAY DIRE PRONOUNCED Female Black DEAD 19 86 YRS TO BIRTHPLACE (STATE OR b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 5 FOR MARRIED NEVER MARRIED X FOREIGN COUNTRY) Jamaica Jamaica WIDOWED DIVORCED Prince George's County ID CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS IF NOT IN SUCH FACILITY GIVE STREET ADDRESS SHOULD BE FALL RECORDS 5319 Old Branch Student Camp Springs SUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20748 13e STATE 136 COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Pr. Geo. 5319 Camp Sprindsyes NO Old Branch Rd. PAGESTAND 2 S 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE LAST S AFTER DEA GIVE PAGES ITH FORM P 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION IYES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Unkn. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)+) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Undetermined IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES X NO [3 SHOULD DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 4/ 27/1086 ? P.M. Unknown 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 21f. LOCATION AT WORK NOT WHILE TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE A SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFIER DEATH, WITH THE STATE DE BALITIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE 5319 Old Branch Rd., home Camp Springs. Autopsy X 220 I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian death resulted fram: Natural causes Undetermined manner ACTUAL DATE 5/6/86 Assistant SIGNATURE MEDICAL EXAMINER SIGNED EXAMINER'S NAME Gregory R. Kauffman, M.D. (TYPE OR PRINT) Penn St ADDRESS 230 BURIAL, CREMATION REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE Removal 5-5-87 07/84 BP 24 FUNERAL DIRECTOR **DHMH - 17** Gulia Deviderno State Anatomy Board (VR A15 ME (5)) Balto., Md.

STATE OF MARYLAND



FOR

4 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

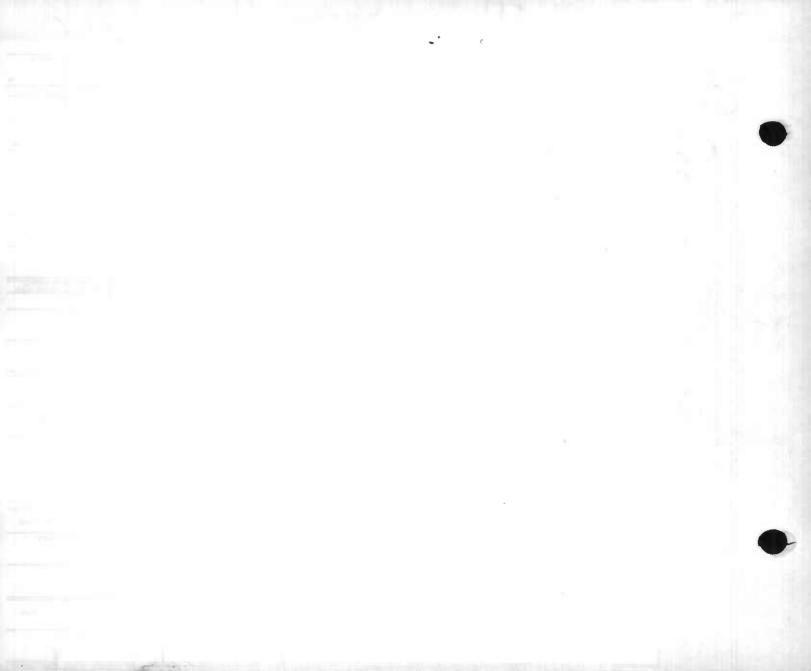
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UNKNOWN STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH CEASED NAME O. DATE KNOWN "(TOPE OR PRINT) NILNOWY OF ESTI-IS NECESSARY, PLEASE
E FUNERAL DIRECTOR.
E 5 FOR YOUR FILES.
D, WITHIN 72 HOURS
WY. PRESJON STREET, DEATH MATED 3 1086 3 SEX 4 RACE & AGE UN YEARS IF UNDER TYR DATE OF BIRTH IF UNDER 24 HRS 2c. DATE 2d HOUR DAY YEAR LAST BIRTHDAY PRONOUNCED DEAD 19 1986 F W YRS TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY OURS AFTER DEATH. IF ANY DELAY IS NEC 1.18. GIVE PAGES 1, 2, AND 3 TO THE FUN 5. WITH FORM PAY-2. RETAIN PAGE 5. FM MIT. PAGES 1. AND 2'SHOULD BEELIED. W. IE, DIVISION OF VITAL RECORDS, 2014/7-7-WIDOWED DIVORCED Cecil County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION. 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) water-Elk River & Junction of Chesapeake Bay North East USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST LAST FIRST MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIC 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING GOR P.M. 3-?-CONTRIBUTING CAUSE OF DEATH 10 86 Subject drowned. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED TE LOCATION CITY OR TOWN STATE WHILE AT WORK found in water at Elk River & Junction, North East, Cecil MD EXECUTE HE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR PAFER DEATH WITH HE ST BALTMORE, MARY AND F Chesapeake 22a. I certify that I took charge of the remains described above, held on Autopsy Inquiry death resulted from: Natural causes Accident Suicide Homicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Assistant MEDICAL EXAMINER 6-12-86 SKINATURE EXAMINER'S NAME Ann M. Dixon, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 230 BURIAL, CREMATION, REMOVAL 236. DATE 236 LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 07/84 BP Removal 6-29-88 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE DHMH - 17 State Anatomy Board Balto., who Davidson (VR A15 ME (5))

6561.5



-		FOR STATE			DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH									
		REGISTRAR		ME		EXAMINE	R'S CI	ERTIFICA	ATE OF		MEC	3. NO.	00-1	
3	OF ESTI-								H DAY YEAR	26 HOUR				
CERT,	3. SEX		14. RACE	5. DATE OF BIRTH		6. AGE (IN YEAR	T IF LINIT	DO C	UNDER 24	DEATH MATED			19°	2d. HOUR
至 5	Ma		black	MONTH DAY	YEAR	young.	MONTHS		ONDER 24	AIN. PRO	DATE NOUNCED DEAD		.8/86	11:5
NECESSA FUNEBAL S FOR YOU WITHIN		RTHPLACE (S REIGN COUNTRY)		76 CITIZEN OF WI	MARRIED NEVER MARRIED Prince Geor									
00	Oxon Hill			Southern	11. NAME OF HOSPITAL, NURSING HOME, OR OTH Southern Ave & Southvie						(ION (TYPE OF WORK 12b KIND OF BUSINESS OR INDUSTRY		USINESS	
9	USUA 13e. S		(IE IN NURSING HOME	OR OTHER INSTITUTION, GI		E BEFORE ADMISSION Y OR TOWN		13d. INSIDE CITY L	LIMITS? 1:	3e STREET	ADDRESS		000	00
10	14. F/	THER'S NAMI	E	WIDDLE		LAST		15. MOTHER'S FIRST	SMAIDEN	NAME	MIDDLE		LAST	
7	16a. V	VAS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AI	RMED FORCES?	16b SO	CIAL SECURITY	VO.	17. INFORMAI	NT		ADD	RESS		. //
01 PRIOR TO BURIAL, CREMATION, OR REMOVAL	MEDICAL CERTIFICATION	gave ri cause (a lying coi		(b) (b) DUE TO, OR (c) (c) S CONTRIBUTING TO ORATH	AS A CON	NSEQUENCE OF	AL DISEASE			1 0			20 AUTOPS' YES (X)	Y? ПО □
37	ICAL CER	UNDERLYING CONTRIBUTI	ING CAUSE OF	DEATH P.M	MONTH	DAY YEAR	subj	ject fo			ed and			
	MED	WHILE AT WORK	OCCURRED NOT WHILE AT WORK	21e PLACE of STREET, EAC WOO	of injury oded	area	Sout		Ave &	Sout	hview D	rive,	OxonHill Mary	PG TOC
2	23a B	ACTUAL SIGNATURE EXAMINER'S (TYPE OR PRI	EXAMINER'S NAME Margarita Korell, MD ADDRESS 111 Penn Street, Balto, MD 21201											
17	24 FI	JNERAL DIREC	CTOR	7-11-89				250.	DATE REC	C'D. BY REC	GISTRAR 25b.	REGISTRAR'S	SSIGNATURE	ndalle
))	S	TATE A	NATOMY B	OARD, BALT	0., 1	MD. 2120	1	5	SEP I	6 '89		GUNDA	my cool - 1	



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REGISTRAR DECEDENT'S NAME (First, Middle, Last	1)	OLITI	110/11		DEATH	2. DATE	REG. NO.		3, 7	IME OF DEATH
		242				MONTH			EAR	
BYRON SOCIAL SECURITY NUMBER	6. SEX 6.	PAR AGE (In yrs. lest birthd		ER t YEAR	IF UNDER 24 HRS.		OF BIRTH			CE (State or Foreign
21-38-7115	1XXM 2 □ F	39 YR	MONTHS	_	HOURE MIN.	(Month	6-51		Country) Delaw	
FACILITY NAME (If not institution, give	street and number)		9b. CI	ry, TOWN	OR LOCATION OF O	EATH		9c. COUNTY	OF DEATH	
Millington Wild	life Manage	ment Area	a					Kent	Coun	ty
a. STATE 10b. COUN	ITY	10c.	CITY, TOWN	OR LOCA	TION			•	10d	. INSIDE CITY
Dolossono Noss	Cootlo	,	reen						1.5	LIMITS?
Delaware New	Castle	1 1	Middl		1. ZIP CODE		T	ton CITIZE		COUNTRY?
				"						
402 Cox Street					19709			U.S		
. MARITAL STATUS Never Married 2 📉 Married Widowed 4 🗍 Divorced	12. WAS DECEDENT E FORCES? 1 IT IF YES, GIVE WAR	YES 2 X NO	10	If yes, sp	CENDENT OF HISPA Decity Cuban, Mexico 3 2 X NO Specific	an, Puerto I	i? (Specify Yea o Rican, etc.)	r No-	Black, Wr	American Indian, lita, etc.
15. OECEDENT'S EL	DUCATION	16a. DECEDEN	IT'S USUAL	OCCUPATI	ON	16b.	KIND OF BUSI	NESS/INDUS	TRY	
(Specify only highest gra Elementary/Secondary (0-12)	de completed) Collega (1-4 or 5+)	(Give kind	f of work don OT use retired	e during m !)	ost of working					
12th	Conlega (I-I or 5 +)	Produ	ction	One	rator	W	HIIOW	Bank	Plant	Newport
FATHER'S NAME (First, Middle, Last)		111000	002011	ope.	16. MOTHER'S NA				2.011.0	poze
Storer Parker					Minnie	,				
		T 401 1141							-1-1	
. INFORMANT'S NAME (Type/Print)					and Number or Rural					
Wandora Parker					Ct., MI	ddlet				
De. METHOD OF DISPOSITION X Burjaj 2 Cremation 3 Re	moval from Stata	other place)			n Cemeter	rw	200	ation — ch nmit		
SIGNATURE OF FUNERAL SERVICE	ucesties.	110. 115			ND ADDRESS OF F] Dui	mmrc	DITUE	, e
(Meris II)		0860		Cong	Funeral Box 259	1 Hom		E 198	0.5	
3. PART I. Enter the diseases, o	y complications that c	aused the death I	_							Approximete
shock, or heart fellur MMEDIATE CAUSE (Fine) ilsease or condition esulting in death)	a. GUNSHOT	on each line.	CHES'							Interval Between Onset and Deat
Life										
Sequentielly list conditions, I any, leading to immediate sause. Enter UNDERLYING	DUE TO (O	R AS A CONSEQUENC	E OF):							
CAUSE (Disease or Injury hat initiated events esulting in death) LAST	c	R AS A CONSEQUENC	E OF):							
PART II. Other algorificant conditions	iona contributing to de	eath but not result	ing in the	underlyli	ng cause given li	n Part f.	24a. WAS AN A PERFORI	AED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \(\text{IMPLETED NO.} \)
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1. YES 2 NO	HOSPITAL:	Pl/Outpatient 3 □ DO	OTH OA 4 1	ER:	PLACE OF OEATH (C	-337		Scene		
7. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF IN (Month Day.	JURY 28b	TIME OF INJURY	28c. IN	JURY AT	28d. DE	SCRIBE HOW IN	JURY OCCU		FIRE S.
2 Accident Investigation		5 estimated	ern etmet (YES 2 NO	-	CATION (Street at or Town, State)			Alumbar

XXX MEDICAL EXAMINER: 0

OCME

29c. LICENSE NUMBER

111 Penn Street, Baltimore, MD 21201

29d. DATE SIGNED (Month, Day, Year) 11-28-90

MARIO F. GOLLE, JR., MD

29

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89

TO THE MOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a view after death. Page 6 may be retained by the hospital or attending physician or the physician and completely filled in by the funeral director, page 5 should be detached for use as the burlative filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

or VITAL RECORDS, P.O. BOX 13146, DIVISION IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	•

		1			•	STATE OF MARTLAND		
		- 1	,	FOR STATE	DEPARTI	MENT OF HEALTH AND MENTAL HY	GIENE	2/019
			-	REGISTRAR		CERTIFICATE OF DEATH	REG NO. 8	, - 36801
17-14		7		EASED NAME FEST	WIDDIE	.A5:	20 DATE OF DEATH WON'T	DAY THE 16 HOUR
	4 C.		11,405	DUANE	E	WILLIAMS JR	JUNE 13, 1986	2:45 4
4	bo d		3. SEX		I RACE	5 DATE OF BIRTH	& AGE IM YEARS LAST BRE-DATE	MONTHS DATE HOLES MIN
- 4	cto s of			M	R	3 9 85	YPC	
			7c BIF	THPLACE ISTATE OF FOLION	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	P BALTIMORE CITY OR COUNT	YOFDEATH
	5 5		M	CPILL And	USA	WIDOWED DIVORCED	BALTIMORE CITY	M.D.
	TO WEEK	2	10. CT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	NG HOME OR OTHER INSTITUTION	176 USUAL OCCUPATION	126 KIND OF BUSINESS OF
5	-		RA	LTIMORE	TOHNS HOPKIN		(INTO WORK TO WOST CO WOST CO	RADOSIKI
120		8	USUA	I RESIDENCE IN NURSING HOME OF	CTHER INSTITUTION, GAVE RESIDENCE BETCH	E ADMISSION)	13e STREET ADDRESS / ZIP COD	
9	4 5 E	5	130 S	Relland 136 COUR		TOPE YES NO	1622 N. NOV.	Hord AUCRIE
YLA	End Me SE	-		THERS NAME		15 MOTHER'S MAIDEN NA	ME	
1AR	3 2mm	E O	T	vang 6	POIC HAST	05 Se MARU	WDDIE	Chaneu
¥	in sic	0		AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRESS	7
MON	ままかか	Ded !	1*	ES NO CRUMINOWN) IF YES GN	E WAR OF DATES	- MarilChar	011 162 N. Mont	Gord Avenue
	10 500	ine i	17	IN CAUSE OF DEATH Services	ily one couse per line for (a1, 1b , on	r-may carry	1	APPROXMATE INTERIA:
and the	phy i	, and	V		DBY: PULMENAN		EXTENSION	12 hz
7	P 00			MMEDIA				
0	ternd e co			Conditions, if any, which	DUE TO, OR AS A CONSEQU			12hs
*	e di	0		gove rise to immediate couse (o), stating the				
.,₹,		0110		underlying cause last.	DUE TO, OR AS A CONSEOU	VITIR AV CANA		24/00
25	S. S	Ö		PART 2 OTHER SIGNIFICANT	161	DEATH BUT NOT RELATED TO THE TERM		VEN IN PART 1 o
50	M. A. do	5	NO	DOLIVS SYNDA				
0	M. M.		CAT	ITE DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		S. WERE FINDINGS USED FYING CAUSES OF DEATH?
8	Z. Q	×3	LIFIC	6-12-52	Sir PA bardi	ng, Av Caval		ES NO
. 2	N. S.	ģ	CERTIFI	716 ACCIDENT WAS UNDER TING			RED CONTES NATURE OF MILITARITY &	FART 1 OR BALT 71
A COL	\$ 20°	E	AL	OR CONTRIBUTING CAUSE OF DE		19		
NO	Daw.	Ö	EDIC	21d. INJURY OCCURRED	THE PLACE OF INJURY	ZII LOCATION	City OP TOWN	COUNTY STATE
VISI	The same	e e	3	AT WORK AT A OAK	(AT HOME, STREET, PACTORY, OFFICE	ARM EIC)		
ō	500 M	Ê			itals ottended the deceased from	10-11- 19-86-		19 86 that I twe lost
	TO TO	5		saw the deceased alive on	to view the body after death	ond that in (my) (our) opinion	death accurred on the date and ho	us and from the course stated
,	DIRECTOR A	E		176 SIGNATURE	:	DEGREE	MEDICAL STAFF	176. DATE SIGNED
100	At D	=		8 10 hu	may MD	MID ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	6-13-50
	SPIT SPIT	×	V	77 PHYSICIAN'S NAME (THE	DI 06-11 /	17e ADDRESS	-1	
100	HO PU	PORTA		SHUN	with the	618 Blalock L	3ldg Johns Hunkin	5 Hopkin Zizes
	0 g 0 42	₹		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		courts coul
	BP			Rial	6-18-86	edar Hill	Bone Arons	les MD.
	DHMH - 16 60M	7.48.4	24 F1	MERAL DIRECTOR	1	75e DA	UDN'T'BGBB'T'NDU	Joseph Jondell
	DHMH - 16 60M		11.	in a stand	Iliam 115161	Vall Air	- 5 5040	

